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ABSTRACT

Following the horrific experiences of September 11th, 2001, efforts were undertaken to gather information to provide counselors with the help they need for counseling those in the face of tragedy. With this publication, information about trauma and grief counseling becomes readily available. Guides for responding to tragedies are included from national organizations including the National Board for Certified Counselors, the American Counseling Association, the National Association of School Psychologists, and the American School Counselor Association. Three articles are included from counselors who have assisted with the Ground Zero relief efforts. This book provides an opportunity to review how counselors responded to the disaster, and to discuss the teamwork, organizational input, and preparation needed to deal with crisis counseling. (Contains 17 references.) (JDM)

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HELPING PEOPLE COPE WITH TRAGEDY & GRIEF

Information, Resources & Linkages

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Helping People Cope With Tragedy and Grief

Information, Resources & Linkages

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Introduction-I

Garry R. Walz, Ph.D., NCC
Co-Director ERIC/CASS

We think of our role as an ERIC Clearinghouse as having two vital components. The first is to actively pursue the acquisition of information and resources which bear on present and future needs and priorities in education. The second is to use an array of significant societal and educational initiatives to both disseminate and especially assist potential benefitees to acquire and utilize what we have acquired and developed.

It is the second, the dissemination and utilization functions which we particularly highly prioritize. It benefits no one if we acquire information, no matter how good it is, and it resides in a depository unused. In a real sense, sharing information which we believe will be helpful to others in dire need goes beyond a priority with us. It is somewhat like a moral cause. To give aid to persons engaged in a critical educational challenge by providing them with quality information that directly bears on a challenge they face is what we like to be known for and to do.

Such was the situation when the nation was devastated by the terrorist attack on September 11th. To a degree seldom experienced in our history, people overcame their personal anguish and grief to offer help and assistance wherever they could. All Americans, however, were victims though some suffered far more grievously than others. We all needed help and wanted to give help as well.

...we knew we could lend a hand–to be helpful by providing life supporting information

This publication is an expression of both our caring for our fellow countrymen and a desire to be helpful. We have reached out before to help victims of grievous events, natural and human inflicted; but never has the trauma engendered by an event been of such magnitude. Most of us have felt a bit overwhelmed at times, unable to cope as we would have liked.

But it was clear that this was one of those times when there was a compelling need and we knew we could lend a hand–to be helpful by providing life supporting information. And so we have!

This publication was not part of our publication plan and not funded by anyone. Nor was it asked for or expected by anyone. We did it because we wanted to offer our help, however small it may be in comparison to what others have done, to assist all of us in coping with the tragedy and the grief which followed September 11th. And continues to follow.

The process of putting this publication together was most heartening. All who were asked responded with great alacrity! Time was critical. Urgency drove us. We wanted to get it out quickly so it could be used. To provide help when people needed it. Creating an impressive academic tome was not a priority. It did not even occur to us.

Pulling the different pieces together seemed to go agonizingly slow even though we created a publication in record time. How good is it? We look to feedback from our users as to whether it was the right publication at the right time. Whatever the judgment is regarding its worth, we wish to pay our unstinting appreciation to our collaborators who gave so much so quickly and without question: Tom Clawson of the National Board for Certified Counselors (NBCC) who enthused over the idea and lent his considerable help

and resources whenever he could; John Bloom, Sam Gladding, and Jerry Juhnke, who wrote compelling original pieces chronicling their experiences in the disaster relief site in New York; and the Executive Directors of the major professional organizations we regularly work with – Richard Yep of the American Counseling Association, Richard Wong of the American School Counselors Association, and Susan Gorin of the National Association of School Psychologists. They freely and graciously offered materials developed by their organizations and available on their association websites or in printed form.

...it seems clear to us that many events of contemporary life which we view as horrible and unnatural aberrations which we will put behind us are in all probabilities, likely to become more the norm than the exception

This publication is also a testament to the wealth of resources within the ERIC database and an impressive illustration of what an ERIC search on a topic can provide. We were pleased that our own ERIC/CASS publications and websites proved to be highly useful resources as well.

Earlier, reference was made as to how large a part urgency played in developing this publication. September 11th was the flashpoint for simmering tensions and conflicts. We regularly see reference in the media to September 11th as a unique event of horrendous proportions. Strident admonitions of what we can and must do to avoid such an event again are regulary offered. There are those, however, who see September 11th as more of an outward expression of unremitting forces which are shaping our lives and our world in ways which, though only dimly perceived before September 11th, were operating then and will continue to do so. We are, I believe, experiencing and are a vibrant part of the formation of a new concept of normalcy. In a particularly trenchant article in the *New York Times Magazine* (2001, December 2), Niall Ferguson foresees "...the events of September 11th as mere ripples in a tidal wave of terrorism and political fragmentation" which will characterize the next decade.

However acute Ferguson's vision of the future will prove to be, it seems clear to us that many events of contemporary life which we view as horrible and unnatural aberrations which we will put behind us are in all probabilities, likely to become more the norm than the exception. Terrorism, violence, major upheavals in our economic systems, unresolved political and religious issues, worldwide strife, and uncertainty in our work may become regular occurrences rather than exceptions. Many stabilizing forces in our lives are gone, perhaps for the foreseeable future. All events depicted above carry with them a powerful component of debilitating emotions —fear, stress, grief, and anger. We must be masters of them if we are to be in control of our lives. What we hold dear that gives dignity and meaning to our daily living demands that we be in control. We see our publication as a very humble beginning in offering people tools and resources that will assist them to become the masters of their own lives. We intend to do this by *three* distinct ERIC/CASS driven activities:

We may not always be able to change what happens to us, but we can surely expand the quality of our responses

1. We see this publication as a beginning, not an end product and will in the online ERIC/CASS edition be continuously updating it with new materials.
2. We are starting on the formation of a virtual library targeting tragedy and grief which will assist people in acquiring and contributing useful information and resources.
3. We will expand our collaborative efforts with other like-minded helping organizations to both generate new resources and assist in their acquisitions and utilization. The support and active involvement of NBCC in acquiring comments from helpers who participated at the disaster relief site in New York City is a clear example of this. These comments will be added to the "Tragedy" website as they become available.

So that is our tale. Without the help of so many of you we would not have been able to achieve our modest accomplishment to date and will not be able to accomplish what we desire in the future.

Please join with us in learning how to better cope with the uncertainty of the future. We may not always be able to change what happens to us, but we can surely expand the quality of our responses.

Garry R. Walz, Ph.D., NCC
Co-Director ERIC/CASS

Introduction-II

Thomas W. Clawson, Ed.D., NCC, NCSC, LPC
Executive Director, National Board for Certified Counselors (NBCC)

Over the years, mental health organizations have been contacted with greater frequency to supply "talking heads" for the media, after stressful news events. I think that some in the mental health professions see these tragedies as ways to bring to the public an awareness of how any profession can help. But there is always a fine line between exploiting a situation and truly offering a service.

While we all remember September 11, 2001, in personal terms, many of us needed to prepare for our professional reactions. At the National Board for Certified Counselors (NBCC), we knew that reporters would call and, more importantly, that counselors would call. It was our certified counselors whom we concentrated upon. And they, in turn, have contacted us in record numbers. It was an inspiration to hear from so many people who went to help—people who are already helping in so many ways.

Having no real policy for disaster, only a history of responding to bombings, earthquakes, school shootings, plane crashes or hurricanes, we immediately thought of one of our own NCCs, Bob Dingman, who is instrumental in training American Red Cross mental health volunteers nationwide. We found out quickly, when he returned our call to him from a cell phone at New York's "Ground Zero," that Bob was the American Red Cross's Mental Health Officer for this part of the disaster.

I asked Bob what we could do, and he immediately said, "Send Counselors." I asked for time (a few hours) to create a plan. Soon, we found that we could quickly create a Web page, gather names of what we called "live volunteers" and get them to the American Red Cross in sequential lists. The idea was to cut down the work that the Red Cross would need to do in order to contact willing, trained volunteers.

We found that our email system could not handle 10,000 mass emails at this time, so we wrote to groups of NCCs using New York and Washington as focal points from which to radiate. That is working, and within one month NBCC sent the American Red Cross almost 500 names of counselors who have volunteered for service. We wanted the American Red Cross to know who they were, what they had experience with, and how long they could stay. We know that the American Red Cross often contacts our counselors mere hours after receiving a new list.

My only direct experience with the tragedy has been through our counselors' eyes, voices and hearts. Their stories, as you will read, are stunning and can teach us great lessons. I've been fascinated by hearing that our professional expertise works in so many ways—often in unexpected ways.

All of the turmoil has given rise to many questions about how counselors can, and should, help. And, for NBCC, we've had to sit back and look at such responses in a very different way. We need more preparation and more teamwork with agencies and organizations. We need to see the global implications and limitations. We need to prepare for post-traumatic stress reactions as well as fears of new violence and war. And, as you will see in this book: Counselors need to know just how much they help!

There is a multitude of helpers who have pitched in during this event. From police and firemen to mental health and clergy, to dog rescue teams who realized that once there were no bodies to find, there were thousands of people for the dogs to comfort. In unprecedented ways, people have helped in their own way.

The same is true of our professionals. We have not just volunteered for "action" in a disaster site, but we have helped the effort in abundant ways. This book starts a story that will not ever end. Our chronicle of what creative, hopeful, dedicated counselors have done to help sets forth a model for us to continue to contribute our stories.

At NBCC we're proud to collaborate with ERIC/CASS to sponsor this book. The depth of experience and breadth of resources that Garry Walz, Jeanne Bleuer and the ERIC/CASS staff give to the counseling world is not noticed enough. They are there with the knowledge chronicled, the contacts of top professionals in great numbers and, moreover, a very close contact with our professionals as well. ERIC/CASS has the expertise to combine cyber publishing with print media, and we hope that our approach to this "book" as it appears in different forms is an added incentive to counselors in the field to publish. We're confident that prodigious work is being done. We want to make sure that our stories are told.

Thomas W. Clawson, Ed.D., NCC, NCSC, LPC
Executive Director, National Board for Certified Counselors (NBCC)

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Special Papers on Responding to Tragedy and Grief

1 Observations of a Local Disaster Volunteer

By John W. Bloom, Ph.D., NCC
Professor of Counselor Education
Butler University, Indianapolis, IN

With the terrorist attacks of September 11, 2001 our world changed forever. My ten days of service as an American Red Cross Local Disaster Volunteer (LDV) in New York City changed me forever. During those ten days in early October, 2001, I made numerous observations which I shall share here, in hopes that my observations may be of benefit to other counselors going to New York City or, God forbid, to sites of future terrorist actions.

Preparation – For sure the American Red Cross wants Disaster Mental Health (DMH) workers to be state licensed and to go through its rigorous training program before working natural disasters or events such as the terrorist actions in New York City, at the Pentagon, and outside Pittsburgh. In an ideal world this would always be the case, but terrorist actions, almost by definition, are unpredictable. In this instance, two factors contributed to the waiving of the training requirement. One was the unusual situation where the State of New York does not have a licensure law for either professional counselors or master's level psychologists, thus greatly reducing the talent pool that could serve. The other factor was the huge need for mental health professionals to address the needs of the thousands of victims. Thus, a number of DMH workers served without the normal training.

Was this problematic? In this situation, I think not. In my work at the Family Assistance Center on Pier 94 in New York City we were providing services to families that included financial assistance for food and shelter, counseling, legal assistance including death certifications, and chaplain-provided spiritual guidance. Much more counseling was provided on the spur of the moment than in planned therapy encounters with identified clients and helpers.

Much more counseling was provided on the spur of the moment than in planned therapy encounters with identified clients and helpers

My assignment was to ride the busses that shuttled family members and workers back and forth to the Family Assistance Center with the thought being that those going to the center would have one set of concerns focused around issues like, "Will I really be able to get the assistance I need?"; "Will I be able to stop crying long enough to give the information they need from me?"; "If I'm taking the trip to Ground Zero, what will I see, what will I say, and how will I feel?"; or "Will they arrest me because I'm an undocumented resident of this country?" Those leaving the facility would have a different set of concerns such as, "Now I've got to accept the finality of it all and can I do that?"; "They said I'd get help but they won't help or they won't help without additional proof"; "I couldn't speak English and they didn't have a translator who spoke Russian"; or "I'm too frightened to go home to an empty apartment."

The workers who rode the busses had a different set of issues. Perhaps the enormity of it all had gotten to them as they dealt with tragic case after case. Perhaps they were furious because they had encountered one of the few cases where someone was trying to take advantage of the situation by, for example, claiming the loss of a job they never held or claiming to have lost a vehicle in the rubble that they never owned. Perhaps they were simply exhausted as was the case of many of us who worked nine, twelve, or more hour days, day after day.

My counseling 'office' was a bus in which privacy was non-existent and confidentiality was just a concept in a book. This however didn't appear to be an issue, and in at least one incident, led to a very positive outcome. I had been talking with a woman who was very quiet, very sad. The two teddy bears she was clutching provided me the opening I needed to start a conversation. "How are your bears doing?" I asked. From there we had maybe ten minutes together as she explained some of her losses and some of her fears. When I felt she was feeling a little stronger I noticed the woman in front of us was also feeling blue. As we talked I noticed this woman didn't have any bears and I was thinking about how nice it would be if the first woman would share. Just at that moment the bus stopped and the woman behind got up to leave. As she did, she, without any prompting whatsoever, gave the woman up front one of her bears. This was just one example of a stranger sharing the grief and pain of another person and reaching out to help in the only way she knew how!

The bears are worthy of a few observations. The first day on the job I was told that there was a warehouse full of bears available to be given to children and adults alike. (In one portion of the Family Assistance Center there was a wall with photos of many of the missing at the World Trade Center. At the bottom of that wall were bears that had been sent to New York City by the families of those killed in the bombing in Oklahoma City.) As previously stated, I found the bears to be great conversation starters and was giving them away as fast as I could until word came down from my supervisor that we could no longer give away bears. Apparently the Mayor's Office, which was coordinating the disaster response, was taking issue with what we were doing and from then on we could only give bears to children who were in the building, not to children or adults outside the building or on the bus. I quickly found that I had become unnecessarily dependent on having the bears to start conversations and relationships. Asking people to tell me what kind of services they were seeking or what kind of experience they had had seeking services were good, open-ended questions that almost always opened the doors to significant interactions.

Starting conversations on public transportation in New York City is quite unlike starting conversations in my home state of Indiana where the vast majority of our citizens are quite homogenous, quite European American, and quite English speaking. Prior to arriving in New York City I had some self-doubts when I filled out the application posted at the National Board for Certified Counselors website and responded negatively to the question about 'other languages spoken.' I knew that 45% of New Yorkers had been born in other countries and that citizens of 80 countries were missing or had been killed at the World Trade Center. Could I deal with such incredible diversity? In the best of all worlds I would have had some time prior to engaging in dialog to think about all I had learned (and try to teach) about working with people from other cultures, but even establishing what country a person was from or what their native tongue was, seemed not only irrelevant, but invasive.

The common language of this disaster was not English; the common language was and is one of caring and love.

The common language of this disaster was not English; the common language was and is one of caring and love. Although some of my encounters were briefer than others, not one person rebuffed my efforts to strike up a conversation and only one person in seven days of bus riding looked at me sadly and said, "No speak English!"

Three things counselors sometimes feel are inappropriate or unprofessional are discussing spirituality, touching clients, and not maintaining eye contact. First, *spirituality*. One thing I wanted to assess was the extent to which these people had support systems and I would often say something like, "Tell me about where your strength is coming from." The most common answers were, I pray a lot and God is by my side. Do incomprehensible losses bring out our spiritual nature or is our spiritual side always there and sometimes counselors are reluctant to speak to this important part of the human condition?

I must digress a little here because I had several conversations with chaplains at the

Family Assistance Center. It was interesting to hear how they were policing their own ranks because they clearly had been instructed to be non-denominational and non-sectarian and yet some chaplains had started to preach their own religion. Such proselytizing was quickly reported and those chaplains were removed from the premises.

Touch is often excluded from a counselor's repertoire for fear of having those actions misinterpreted by clients. In this situation, touch was, in my estimation, universally appreciated. However, I must say, that I'm a selective toucher - but that is my problem. I'm still working to be the hugger that Leo Buscaglia was and often wish that I could effectively use the line of my supervisor at the Family Assistance Center which was, "I've got bears and I've got bear hugs. The choice is yours." I was delighted to see a male police officer opt for both!

Eye contact. The vast majority of my conversations started with me standing or sitting behind someone. In one case I started a conversation with a father and daughter. Their son and brother had been killed in the World Trade Center. The father was more talkative than the daughter and told me that a few days ago he wouldn't have been able to tell the story at all and my guess is that he wouldn't have told me the story then had I been facing him. But with his eyes mostly facing forward he told of working in a building two blocks from the WTC and his daughter working a few miles from The Pentagon in Washington. As dad was fleeing his building a shower of paper came floating down from the World Trade Center and he instinctively reached down and grabbed one piece of paper and stuffed it in his pocket. It was only the next day when he reached into his pocket and discovered that the paper had come from his son's office in the WTC – a sign, he believed, that God wanted him to know that his son was now in heaven under His watchful, loving eyes.

Once we get beyond our counselor education program practicum and internship experiences, many counselors don't have the opportunity to see other counselors in action

Because I sometimes had other DMH workers on the bus with me, I had an opportunity to watch them in action. Initially some of my insecurities kicked in as I saw them do more of this or less of that. Once we get beyond our counselor education program practicum and internship experiences many counselors don't have the opportunity to see other counselors in action. When we do see others in action, some of us become defensive and others can become critical. For me it was a growth experience to realize that I just needed to be me and that some people related better to one approach and others reacted better to mine.

In disaster situations people often learn by doing. Such was the case with the family visits to Ground Zero. These visits were arranged to meet the need for closure for the families of the nearly 5000 victims of the collapse of towers at the World Trade Center. These boat visits were conducted by police and other emergency personnel under the auspices of the Mayor's Office. Three trips daily carried about 50 family members and fifty helpers including mental health volunteers, three family members of victims of the Oklahoma City bombing, and one therapy dog. The family members and the helpers both went through briefing sessions. The first report I heard was that the mental health volunteers were being warned to keep in mind that their first and only priority was the needs of the families and that this was no place for the volunteers to get caught up in the emotions of the site. While I understood the concern, I had no idea how I was going to react to the sight of mass destruction and carnage. How would I feel when I saw the rubble, the exhausted workers, the evidence of the violation that had been wrought on our country? Would I explode in anger? Would I weep with sorrow? Would I seek comic relief? I felt like the expectation was that we would not have feelings in a situation that was nothing but feelings. Well, toward the end of my tenure I was finally scheduled to do my visit and the briefing had been toned down considerably. And, at least in this one situation on this one day, I performed as expected.

What was my experience at Ground Zero? I came away with three images. First was of an individual I accompanied there. He will forever be a part of me as will be his wife who died in Tower I. They would have been married 21 years. They had no children. They

were planning for their retirement and, in fact, she had just talked him into taking early retirement. Now suddenly his wife is no more, nor is his job and the support system that our work provides. He said he had no spiritual belief system at this time. I ache for this man and pray that he will find peace when all he could say, over and over again was, "This makes no sense!"

My second image was of the Statue of Liberty on the right hand side of the Hudson River and Ground Zero on the left. The symbol of freedom and liberty on the right and the symbol of needless death and destruction on the left. I felt violated. I feel violated. I feel angry. Damn you, Mr. Bin Laden!

My third image was of the workers and the activity at the World Trade Center site. It reminded me of my trip to Mt. St. Helen's this summer. That area too was covered with ashes and the destruction of the forests was unimaginable. Yet, now there are 30', 40', 50' pine trees thriving there and waiting to be harvested. From the ashes at Ground Zero I am hopeful – very hopeful that new life will arise.

On the boat trip to Ground Zero, we sat inside while several police officers were standing on the deck. Suddenly they looked sharply upward, but I couldn't figure out why. When I got back to the Family Assistance Center I was told that a jet fighter had buzzed Manhattan while we were gone and that many of the family members at the center had 'lost it.' For maybe the first time, they had a flashback to the airliners flying into the towers. For maybe the first time, they had demonstrated the more overt, visible symptoms of PTSD (Post Traumatic Stress Disorder). And around the corner, when the finality of it all sets in, the depression will come and are people all over the country and all over the world ready to assist when the rage hits or the suicidal ideations surface?

Counselors cannot sell children short. They know more than they have words to express

I'm concerned about the reaction I observed back here in Indiana when all this happened. In my head and in my heart I believe that counselors must provide opportunities for people, for children, to talk. Not that children must talk, but they must be provided opportunities to talk. Counselors cannot sell children short. They know more than they have words to express. Witness the picture I saw drawn by probably a second or third grader. It was a picture of the American flag, but not your normal picture. This flag was three-dimensional and looked to be four feet thick and the flagpole looked as strong as a concrete grain silo. The caption was, "An airplane-proof flag!" Children have their own losses and they are aware of the losses of adults around them, but children may be reluctant to speak unless given an invitation. I am encouraging my students to talk to children and adolescents. One way that I am doing that is by talking to my own students about my feelings about what has occurred and encouraging them to talk among themselves.

And laughter, people who know my history advocating for the importance of laughter know that I would try to find something humorous in all of this. Now, in this particular tragedy, I'm guessing that what is funny for me may not and will not be funny for others. Nonetheless, I firmly believe in the healing power of laughter and I laugh now when I remember Dan Rather, shortly after the towers collapsed, groping for words to describe the scene and saying, "The ashes are spreading faster than mildew in a damp basement." I also chuckle when I recall that the first cancellation broadcast in Indianapolis on September 11 was that of the Jimmy Buffett concert. Was that really the first priority? What was Jimmy Buffett thinking? Again, please know these were my chuckles and are, in no way, intended to be disrespectful of any person or situation.

Let me close with one last observation. Part of me didn't want to complete this assignment. Before I left for New York City I had talked with Tom Clawson, the Executive Director of NBCC, and knew that Garry Walz, Co-Director of ERIC/CASS and Tom had met to discuss ways their organizations could be helpful and proactive in responding to this tragedy. I also knew that they wanted me to do what I had to do in New

York City, paying some attention to how I could help others learn from my experiences. Initially that felt very wrong, very exploitative. There was and is something very personal and private about this incident. The hurt and the pain is so deep and the loss and the devastation is so widespread that the thought of me or anyone else learning (or profiting?) from the losses of another turned my stomach. However, the more I worked at the center and with the people of New York, the more I knew that I had to tell my story and that I had to teach others the lessons I had learned. I hope that my words here are accepted in that spirit of love and caring that I previously indicated are the language of this tragedy.

2 Reflections on Counseling after the Crisis

Samuel T. Gladding, Ph.D., NCC, CCMHC
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Reflections on Counseling after the Crisis

Literally thousands of words have been written about the tragedy of the September 11th terrorists' attack on the World Trade Centers. The incident stunned us and still seems incomprehensible. We watched much of it on television yet even now we still have a hard time believing our eyes even when we see replays. The magnitude of the event and the sheer number of people killed and injured were so great as to seem at first glance fictitious. However, with each passing day, news accounts reveal to us in graphic and personal details the reality of the incident. All of us were involved as participants in some way as we witnessed then and relive in our minds now a morning of horror that left us in shock, sorrow, and sadness. The world changed and became more unsafe and unstable in the senseless sacrifice of innocent people.

In response to what we witnessed and felt, many of us wanted to do something constructive. We were able to in a number of ways, for in the immediate aftermath the situation required a multitude of services. Thus we joined together in making donations to the families of the victims, giving blood to support the hospitals and Red Cross workers who were attending the wounded, and writing letters to support the rescue workers as well as to console those who had lost loved ones. There were teach-ins that we participated in, too, so that information concerning the Middle East and Muslim faith was more accurately understood. These activities were therapeutic both for us as givers as well as for those who were the recipients of our efforts.

She stands
leaning on his outstretched arm
sobbing awkwardly
Almost suspended between
the air and his shoulder
like a leaf being blown
in the wind from a branch
at the end of summer.
He tries to give her comfort
quietly offering up soft words
and patting her head arhymetically.
"It's okay," he whispers
realizing that as the words leave his mouth
he is lying
And that their life together has collapsed
like the South Tower of the World Trade Center
that killed their only son.

Another chance to serve in the hard hit areas of Washington and New York came in the form of volunteer service. Thus, when I was asked to go to New York to work as a "mental health technician" for the American Red Cross, I did not hesitate. It was an opportunity that I realized would not come again and that was important to answer positively. Thanks to the National Board for Certified Counselors (NBCC), I was able to get my credentials together quickly and to arrange for an almost immediate flight.

Starting on the 15th day after the attack, the day the emphasis of the search at the World Trade Centers went from rescue to recovery, I worked for a week as a counselor. My assigned site was in the Family Assistance Center on Pier 94, where families of victims went to apply for death certificates. There I saw survivors of the tragedy and worked with them to help process the wide range of feelings — from denial to grief — that they felt. My initial job was

to assist individuals make applications for death certificates of their loved ones. In that capacity I was an escort who walked with families from the front of the building to the back and talked with them about what they were feeling, what they had felt, or what they anticipated doing in regard to the emotions that would be coming. I also accompanied families to Ground Zero so they could see for themselves the horror and finality of the event. The view of the site helped many individuals begin the process of grieving in depth as they realized in a stark and striking way that those they had loved and cherished in so many ways were indeed dead and would not be coming back to be with them.

...in dealing with individuals who are traumatized, the first critical factor that comes to the forefront is the mental health of the person who would be a helper

From these experiences and other related incidents, I learned a great deal more than I ever anticipated about the nature of counseling, clients, and even myself. In what follows, I will describe what I became most aware of during this time and immediately following. These lessons have some universal application for persons who enter almost any crisis situation. They are especially applicable to crises that may seem on the surface overwhelming.

Lessons Learned

The first lesson I gleaned from my time as a grief and crisis counselor is the realization of how crucial the personhood of the counselor is. I knew this fact going in but I relearned it time and time again. There are many people who have technical skills that are helpful in times of need. However, in dealing with individuals who are traumatized, the first critical factor that comes to the forefront is the mental health of the person who would be a helper. A counselor who has difficulty dealing with the rawness of feelings or who is put off with severe emotional pain is unable to function adequately, let alone effectively, in such circumstances. Therefore, it is crucial that in a crisis situation a counselor be ready physically, mentally, and behaviorally. Health within the person of the counselor fosters the ability to reach out in a way that facilitates growth for those in need.

Besides the integrative and healthy nature of the counselor as a person, another essential element of the process of helping in the midst of crisis is in the interpersonal domain. A counselor who tries to do everything ends up not doing anything worthwhile in the short run and becomes a burden to others. Therefore, those who choose to work in crises must quickly build a sense of support through interpersonal relationships with other professionals. The good news is that such alliances are often easier to forge in these times because of the cooperative spirit among professionals that transcends turfism and any pettiness that might otherwise be present. That was the case in New York, at least, and I found great strength and wisdom among those with whom I was privileged to work.

...those who choose to work in crises must quickly build a sense of support through interpersonal relationships with other professionals

Another response to a crisis, I realized anew, is that of flexibility. The circumstances under which clients arrive for assistance in times such as these are not ideal. They arrive in many states of mind. Some are in denial. Some are angry. Others are alone or psychologically separate. To assist them in expressing their grief, mental health workers, such as counselors, must stay fluid in regard to what they do. One has to be ready to deal with anything. Thus being ready to appropriately respond to the novel and unexpected is a necessary requirement for this work that is forced to the forefront of needed skills.

Knowing follow-up resources and persons is a similar needed skill that I realized anew from my work in New York. I was from out-of-state and therefore it was necessary for me to link those I worked with to practitioners and mental health facilities in their own neighborhoods so they would have support after I left and not flounder around without adequate resources. As professionals, we know we need links to community agencies and specialists. Thus, we gather that data accordingly and usually gradually. In crisis counseling, the speed at which this task must be completed is greatly accelerated as is its significance.

The importance of small acts of kindness is another point I repeatedly saw in the

aftermath of the World Trade Centers tragedy. People were appreciative of such gestures in ways that were unexpected. For example, handing clients individually wrapped packages of tissues inevitably brought remarks of gratitude from clients with whom I worked. Words of condolence, such as "I am sorry for your loss" also seemed deeply appreciated. It may well be the brutality that had beaten these people down made them more open and receptive to these simple actions. Regardless, these uncomplicated acts of kindness seem to be beneficial in not only establishing rapport but in starting the healing process.

To assist them in expressing their grief, mental health workers, such as counselors, must stay fluid in regard to what they do

Nonverbals were essential too. Some of these acts, but by all means not all of them, were received in a different way than anything I have witnessed before. These types of communication took the usual forms such as a touch on the shoulder, support of an arm, or a simple glance conveying empathy. They also took the shape of giving small stuffed bears or beanie babies to children and their parents as we walked past reminders of those who had died, such as walls with pictures of the missing on them. Regardless, recipients seemed to be deeply touched possibly because of what they were experiencing in regard to sight, sound, and touch. Thus, the nonverbal signals seemed to be picked up gratefully as well as quickly.

The final lesson that comes to mind in regard to my time with families in New York is that of being especially mindful of taking care of myself as a person and a professional. In crisis there is a tendency to sometimes try to display "the hero syndrome" where one does without needed essentials such as nourishment and sleep. While such behavior may yield something in the short run, it is devastating in the long run because the hero ends up burning out, blowing up, or bowing out because of a lack of stamina. There were only a very few people I saw who tried to be heroes like this although the temptation was tantalizingly available. Instead of yielding to such temptation, I and others found that walking to and from work, writing in a journal regularly, taking needed nourishment, and debriefing with professionals on site enabled us to maintain a positive outlook, maintain our health, and deal with the affect and behavior that constantly came before us.

Conclusion

In the midst of working with people who are in a crisis there are a number of important things to keep in mind. Some of these are obvious. Others are surprising. All are essential.

Thus, it is critical that in a New York or other trauma situation that counselors make sure they:

- are mentally healthy to begin with,
- interact in positive and professional ways with colleagues,
- stay flexible and be ready for the unexpected,
- learn resources and people within the community to whom they can make referrals,
- realize the power and potential of small acts of kindness, such as a sympathetic word,
- be mindful of the influence of nonverbal actions that lend support to those in need, from giving them tissues to offering them symbols of comfort such as stuffed bears, and
- take care of themselves through physical exercise, keeping a journal, taking in needed nourishment, and debriefing regularly.

The final lesson that comes to mind in regard to my time with families in New York is that of being especially mindful of taking care of myself as a person and a professional

In summary, counseling after a crisis is a time filled with heavy emotion. It is a time of opportunity as well as turmoil. It demands much of counselors. Knowing what to expect can make the experience both positive and productive.

3 Intervening With School Students After Terrorist Acts

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Introduction

Elementary, middle, and high school students witnessing or experiencing terrorist attacks can experience negative residual psychological effects such as post-traumatic stress, generalized anxiety, and adjustment disorders. This paper describes a modified family debriefing model which can be used by mental health professionals affiliated with schools or working with school age children to address needs and concerns of students and parents alike.

Intervening With School Students After Terrorist Acts

Terrorist attacks on civilians in New York City and Washington, DC, and the continued threats of terrorism via biochemical acts and further violence have the potential to engender negative psychological effects such as post-traumatic stress, generalized anxiety, and adjustment disorders upon school age children and their family members. School counselors and mental health professionals working with school age children need to be knowledgeable regarding interventions which provide opportunities for students to openly discuss immediate and future concerns, cumulative stressors resulting from on-going terrorist threats, and post-terrorism psychopathology (e.g., anxiety, distress, etc.). Thus, the intent of this paper is to familiarize readers with basic Critical Incident Stress Debriefings (CISD), succinctly outline the distinct differences between CISD and the Adapted Family Debriefing Model for school students, and describe how mental health professionals can use this Model as a post-terrorism response intervention.

CISD
Critical Incident Stress Debriefings
- small group process
- used with adult emergency workers
- 7-stage model
- uses non-professional adult peer facilitators

Critical Incident Stress Debriefing Vs. The Adapted Family Debriefing Model for School Students:

Critical Incident Stress Debriefing (CISD) is a widely recognized, small group process originally developed to be used with adult emergency workers (e.g., fire fighters, emergency medical technicians, etc.) who encounter particularly distressing situations (Mitchell & Everly, 1993). This seven stage model uses adult peer facilitators. Some have cited CISD as a viable intervention with school age children and adolescents who experience violence or suicide (O'Hara, Taylor, & Simpson, 1994; Thompson, 1990). Yet, CISD was originally developed solely for adult use and did not take into account the special developmental cognitive, physical, and emotional needs of school age children and their families. The Adapted Family Debriefing Model for school students, however, was developed as an assessment and intervention method specifically designed for elementary, middle, and high school student populations exposed to violence (Juhnke, 1997). Compared to CISD's single group experience, the Adapted Family Debriefing Model for school students requires two separate debriefing experiences. The first debriefing experience is with students' parents and does not include students. The second is a joint student-parent debriefing experience.

AFDM
Adapted Family Debriefing Model
- small groups
- school-age children and their families
- 2 separate debriefings
- trained mental health professionals

Additionally, unlike the traditional, adult CISD process which utilizes nonprofessional, adult peer facilitators, the Adapted Family Debriefing Model for school students requires the use of trained mental health professionals who have specific knowledge regarding childrens' developmental needs and an appropriate graduate degree which included clinically relevant courses and internship experiences. Mental health professionals using the Adapted Family Debriefing Model for school students should be familiar with the social, intellectual, and psychological development stages corresponding to the students being served.

Description

Roles

The primary team member roles within the Adapted Family Debriefing Model for school students are leader, co-leader, and doorkeeper. The leader briefly explains the debriefing process, creates a supportive milieu, identifies those experiencing excessive levels of emotional discomfort, and directs team members via hand signals to intervene with distraught students or parents. In addition, the leader discusses with parents and students common symptom clusters experienced by children who: (a) have personally experienced terrorist acts or have suffered loss as a result of such acts (e.g., the death of a grandparent or sibling resulting from terrorism, etc.), (b) have witnessed via the media terrorist acts or the aftermath of same, (c) understand the potential for continued terrorist acts, or (d) experience the cumulative effects of multiple terrorist acts. Specifically, the leader discusses relevant, depression, post-traumatic stress disorder, adjustment disorders, and generalized anxiety disorder criteria. The leader normalizes manifest symptoms and encourages parents to recognize more severe symptomatology which may require additional counseling (e.g., recurrent encopresis, persistent outbursts of anger, chronic hypervigilance).

Co-leaders add relevant comments during the session and support the leader. Most importantly, co-leaders give immediate support to students and parents who become emotionally distraught. They also help prevent disruption that may otherwise inhibit group dynamics. The title of the third role is doorkeeper. Persons performing this important role prevent nonparticipants from entering the session. Thus, news journalists and others not seeking treatment are prevented from speaking with participants during the debriefing experience. Doorkeepers also prevent severely distraught students or parents from bolting from sessions.

Before the Debriefing

Before the debriefing, team members should be apprized of the circumstances surrounding the debriefing. For example, is the debriefing the result of a death of a fellow student or teacher who died as a result of a terrorist act or due to the fact that children reside within the same city or near the site of a terrorist act? Or, is the debriefing in response to cumulative effects of terrorist activities? Additionally, teams should learn whether or not students' parents are at increased risk due to their occupations (e.g., fire fighters, law enforcement, etc.) or have a greater probability of being activated into military service (e.g., national guard, army reserves, etc.). These factors will likely have an influence upon participants' perceptions of terrorist acts and the moods with which the students and parents present.

Separate Debriefings for Parents and Students

Parent and student needs are often different and cannot be adequately addressed through a single session. Thus, the first session is conducted with parents. It is important to keep the number of parents in these sessions small (i.e., less than 12). Parents most often express frustration and anger regarding their inability to adequately protect their children

from terrorism. Many will perceive the situation as "hopeless" and feel the events and dangers are "out of their control."

Thus, it is imperative that the team keep parents focused on the immediate needs of their children and not make promises related to future student safety. Such promises cannot be guaranteed and detract from the students' immediate needs. Parents need to be continually reminded that the primary goals of this session are to: (a) educate parents regarding possible symptoms their children may exhibit, (b) offer available referral sources, and (c) remind parents regarding their role in validating their children (which is not the same as validating possibly unfounded child presented concerns) and normalizing their childrens' concerns.

Parents most often express frustration and anger regarding their inablity to adequately protect their children from terrorism

Student survivors of terrorism often are responding to their own perceived needs and concerns. Younger children, especially, are emotionally vulnerable and look to parents and teachers to protect them. Often they require reassurances of safety and indications from parents that the crisis is over. Therefore, the team must encourage a sense of security and calmness during the joint student-parent session. Team members can foster this by slowing their speech rates and lowering their voice tones. Whenever possible, debriefings should occur in quiet rooms away from hallway and playground noise. Movable furniture comfortable for parents and children alike is helpful.

During this joint student-parent debriefing, two circles are formed. No more than five or six students of similar ages should sit in the inner circle with friends or familiar peers presenting with similar concerns. Parents should sit behind their children. This parental presence promotes a perception of stability, unity, and support which can be heartening to students. An additional gesture of support can include parents placing their hands on their childrens' shoulders. This however should only occur when children are receptive to such gestures.

Seven Adapted Family Debriefing Model for School Students Steps

Introduction step. During the introduction step, the team leader identifies members of the team and establishes rules for the debriefing experience. Participants are asked to identify persons who may not belong in the room. Identified persons not directly related to the children or debriefing process are then asked to leave. Confidentiality and its limits are explained in terms understandable to the students and participants are encouraged not to discuss what is said within the session outside the debriefing room. All participants are encouraged to remain for the entire debriefing. The leader states that the primary purpose of the debriefing session is to help student survivors of terrorism better understand their feelings about the specific terrorist act, increase their coping skills related to continued terrorist threats, and gain increased levels of solace.

Fact gathering step. The second step of the process is fact gathering. Typically if the debriefing is related to a specific terrorist act that team members did not experience but students survivors did, the leader will begin by reporting that the team was not present during the terrorist act and asking children to report what the experience was like for students. Should the debriefing be related to recent terrorist acts which the students indirectly observed via media coverage rather than directly experienced, the leader may begin by asking about what the students saw on television. Those speaking are encouraged to give their name and state what they did when they first saw or heard about the terrorism. Emphasis is placed upon telling the *facts* of what each student saw or encountered, and team members do not push participants to describe their feelings about the incident. However, should students begin sharing feelings, the team leader and co-leaders should acknowledge emotions expressed and indicate that these feelings are normal.

Thought step. The third step is the thought step. This step is transitional and helps

participants move from the cognitive domain to the affective domain. The leader asks questions related to what students thought when the terrorism erupted (e.g., "What was your first thought when you saw the airliner fly into the Twin Towers?"). During this step it is crucial to continue to validate and normalize each student's reported thoughts and perceptions.

Reaction step. The thought step can quickly give way to the emotionally charged reaction step. Here, the focus should be kept upon participants' sharing their reactions to the terrorism. Typically, the leader will start with a question like, "What has been the most difficult part of seeing the airliner fly into the Twin Towers?"

Symptom step. During the symptom step, the leader helps direct the group from the affective domain back to the cognitive domain. As emotionally charged reactions begin to subside, the leader uses age appropriate language to ask students about any physical, cognitive, or affective symptoms experienced since the violent episode. For example, a leader might ask something like, "Have any of you felt kind of tingly in your tummies since you saw this on television?" Often the leader will discuss symptoms such as nausea, trembling hands, inability to concentrate, or feelings of anxiety. Typically, the leader will ask those who have encountered such experiences to raise their hands. Such a show of hands helps normalize the described symptoms and often helps survivors experience relief.

Teaching step. A teaching step follows the symptom step. Symptoms experienced by group members are reported in age appropriate ways as being both normal and expected. Possible future symptoms can be briefly described (e.g., reoccurring dreams of being attacked, restricted range of affect). This helps both parents and students better understand symptoms that they may encounter in the future and gives permission to discuss such symptoms should they arise. During this teaching step the group leader may ask, "What little things have you done or noticed your friends, teachers, and parents doing that have helped you handle this situation so well?" This question suggests that the students are doing well and helps them begin to look for signs of progress rather than continuing to focus upon past or future terrorist episodes. Sometimes older students will express feelings of support from peers, teachers, or parents. Younger students may use active fantasy to help them better cope with their fears or concerns. An example of such active fantasy is a child pretending that he or she is a hero who disarms a terrorist and protects the other children from harm.

Re-entry step. The re-entry step attempts to place some closure on the experience and allows survivors and their parents to discuss further concerns or thoughts. The leader may ask students and parents to revisit pressing issues, discuss new topics or mention thoughts which might help the debriefing process come to a more successful end. After addressing any issues brought forward by the students or parents, the debriefing team makes a few closing comments related to any apparent group progress or visible group support. A hand-out written at an age appropriate reading-level for students and another written for adults discussing common reaction symptoms can be helpful. Younger children may prefer drawing faces which depict how they currently feel (e.g., anxious, sad, frightened). Later parents can use these pictures as conversation starters with their children at home. Hand-outs should list a 24-hour helpline number and include the work telephone number for the student's school counselor. Often, it is helpful to introduce parents to their child's school counselor at the debriefing.

Post-session Activities

After the session, team members should mingle with parents and children as refreshments are served. Team members should be looking for those who appear shaken or are experiencing severe distress. These persons should be encouraged to immediately meet with a counselor. The promotion of peer support (both parent and student) is important. Students and parents should be encouraged to telephone one another over the next few days to aid in the recovery process.

Summary & Conclusion

The described Adapted Family Debriefing Model for school students demonstrates promise for helping both student survivors of terrorism and their parents to cope with potentially negative residual psychological and social effects. The model has distinct differences from traditional CISD and was developed specifically for school age students. The model is relatively easy to implement and can be readily modified to meet the specific needs of students and parents alike.

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Relevant ERIC Resources

Relevant ERIC Resources
A Variety of Resources

Introduction

In our contemporary world, the pace of change is so rapid and the generation of new information so large that putting together a publication such as this one confronts you with the challenge of whether what you are offering is both the most recent and most informative available. It is a struggle that you reflect on at great length.

In the case of this publication, we have attempted to offer a timely resource that hopefully provides immediate assistance but also launches the reader into a future trajectory that will continue to keep them informed and updated as the future unfolds. We have done this through three distinct emphases.

First, with the active collaboration of NBCC, we commissioned three knowledgeable counselor educators who had direct experience in responding to people confronted by trauma and grief to prepare papers regarding their experience. Our intent was that these papers would assist other helping professionals to vicariously experience the behaviors and needs of person coping with trauma and grief. Even more importantly, we wanted to be able to have them share what lessons there are in their experiences for other helping professionals. "What did you learn that would be helpful to others?" and "what are essential behaviors counselors should adopt/use in responding to person afflicted with trauma, loss and grief?" were questions we asked our authors to respond to. We think they did admirably well!

A second approach was to sift through ERIC/CASS publications and see what had previously been published which was relevant today even though it was published before recent events such as September 11. In the *Helping Children Cope With Fears and Stress* publication and other ERIC/CASS previously published materials, we found ideas and information which was still highly relevant though published some time ago.

A third approach was to provide selective resources identified by ERIC searches of the ERIC document database (RIE) and journal selections (CIJE). These "mini searches" are selective rather than exhaustive and illustrate the large array of viable resources available to a determined searcher.

We have also provided a section on *searching* so that readers can do her/his own searching so that their perspective at any given time represents the "best" of what is available.

Clearly many who read this will have had meaningful experiences of their own which they can share. Please let us know if you have something you believe can be helpful to others. We would like this publication both in the online and offline formats to be *continuously enhancing* as new materials are added to it.

Garry R. Walz

4 Children and Post Traumatic Stress Disorder: What Classroom Teachers Should Know

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ERIC Clearinghouse on Counseling and Student Services
ERIC Digest

> *Post traumatic stress disorder: development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate* (APA, 1996).

School children may be exposed to trauma in their personal lives or, increasingly, at school. Classroom teachers can help prepare children to cope with trauma by understanding the nature of trauma, teaching children skills for responding to an emergency, and learning how to mitigate the after-effects of trauma.

PTSD Related Trauma

By the very unexpected nature of trauma, one can never totally prepare for it. And because each individual responds differently to emotional upset, it is impossible to predict trauma after-effects. Under certain circumstances, trauma can induce Post Traumatic Stress Disorder (PTSD). Unrecognized or untreated PTSD can have a lifelong negative impact on the affected individual. Teachers, who spend up to eight hours each day with the children in their charge, can influence the outcome of a child's response to trauma stress by creating an environment in which PTSD is less likely to develop to the point of life impact.

Unrecognized or untreated PTSD can have a lifelong negative impact on the affected individual

Not all emotionally upsetting experiences will cause PTSD. Trauma sufficient to induce PTSD has specific characteristics and circumstances, including situations

- perceived as life-threatening,
- outside the scope of a child's life experiences,
- not daily, ordinary, normal events,
- during which the child experiences a complete loss of control of the outcome, and
- when death is observed.

Disasters, violence, and accidents are just some of the experiences that can lead to PTSD. Preparing children for trauma involves giving them skills and knowledge to survive the experience and emerge with as little potential as possible for developing PTSD.

Skills to Survive Traumatic Experiences

Survival skills for traumatic experiences are essentially emergency action plans. Carrying out emergency action plans not only helps a child retain some personal control, but increases the potential for a healthy outcome. Children **must** know how to:

- Follow directions in any emergency (i.e., stay in their classroom during a lock down)

- Get help in any type of emergency (i.e., dial 911 or call a neighbor)
- Mitigate specific emergencies (i.e., take shelter during a tornado)
- Report the circumstances (i.e., tell an adult if a stranger approaches them or touches them)
- Say "no" and mean it (i.e., firmly shouting "no, don't touch me").

Implementing survival skills requires knowing right and wrong. Children must know or be able to recognize:

- Appropriate vs. inappropriate touching (i.e., shoulder vs. genitals).
- Appropriate vs. inappropriate information sharing (i.e., who is at home at what times).
- Presence of appropriate vs. inappropriate people (i.e., the teacher on playground duty vs. a prowling stranger).

Skills to Mitigate PTSD

While there is no predictability in who will develop PTSD, it is possible to take steps to prepare children ahead of time and by doing so, lessen the PTSD potential. Children need to be taught lessons about trauma. Learning about people who have experienced trauma and gone on to live healthy lives gives children role models and hope for their own future.

During a traumatic experience, children will survive better if they have a structure to follow and can maintain some sense of control. Learning the survival skills will aid in maintaining this control. Children need accurate and specific information about their immediate safety, about what has happened and about what will happen to them next (James, 1989). Knowledge helps them control their thoughts and feelings.

During a traumatic experience, children will survive better if they have a structure to follow and can maintain some sense of control

Following a trauma, debriefing is critical. Children will vary concerning their willingness and readiness to talk about their experiences. Some will play out the event, while others may be more comfortable writing or drawing about the event. What is important is the opportunity to communicate. There are different avenues for the child to communicate, including online discussion forums for children (Sleek, 1998).

A child's initial debriefing should be child-centered and nonjudgmental. The adult should recognize that each child did his or her best, no matter what the outcome, and refrain from offering advice. Adults should recognize that no two children will have the same thoughts, feelings, or opinions. All expressions about the trauma are acceptable.

Following a trauma, it is also important to help a child reestablish control. Reviewing survival skills and drills and planning for "next time" reestablishes strength. Allowing a child to make choices reestablishes their governance over their own lives.

Identifying PTSD

Everyone reacts to trauma. What differentiates normal reaction from PTSD is the timing of the reaction, its intensity, and the duration of the reaction. Trauma includes emotional as well as physical experiences and injury. Even second-hand exposure to violence can be traumatic. For this reason, all children and adolescents exposed to violence or disaster, even if only through graphic media reports, should be watched for signs of emotional distress (National Institute of Mental Health, 2000).

Symptoms lasting more than one month post trauma may indicate a problem. Specific symptoms to look for include:

- Re-experiencing the event (flashbacks),
- Avoidance of reminders of the event,

- Increased sleep disturbances, and
- Continual thought pattern interruptions focusing on the event.

In children, symptoms may vary with age. Separation anxiety, clinging behavior, or reluctance to return to school may be evident, as may behavior disturbances or problems with concentration. Children may have self doubts, evidenced by comments about body confusion, self-worth, and a desire for withdrawal. As there is no clear demarcation between adolescence and adulthood, adult PTSD symptoms may also evidence themselves in adolescents. These may include recurrent distressing thoughts, sleep disturbances, flashbacks, restricted range of affect, detachment, psychogenic amnesia, increased arousal and hypersensitivity, and increased irritability and outbursts or rage.

Helping the Child

Making the diagnosis of PTSD requires evaluation by a trained mental health professional. However, regular classroom teachers have a major role in the identification and referral process. Children often express themselves through play. Because the teacher sees the child for many hours of the day including play time, the teacher may be the first to suspect all is not well. Where the traumatic event is known, caregivers can watch for PTSD symptoms. However, traumatic events can involve secrets. Sexual abuse, for example, may take place privately. Sensitive teachers should monitor all children for changes in behavior that may signal a traumatic experience or a flashback to a prior traumatic experience.

Teachers can help a child suspected of post traumatic stress disorder by:

- Gently discouraging reliance on avoidance; letting the child know it is all right to discuss the incident;
- Talking understandingly with the child about their feelings;
- Understanding that children react differently according to age - young children tend to cling, adolescents withdraw;
- Encouraging a return to normal activities;
- Helping restore the child's sense of control of his or her life; and
- Seeking professional help.

It is only by recognition and treatment of PTSD that trauma victims can hope to move past the impact of the trauma and lead healthy lives

Professional assistance is most important since PTSD can have a lifelong impact on a child. Symptoms can lie dormant for decades and resurface many years later during exposure to a similar circumstance. It is only by recognition and treatment of PTSD that trauma victims can hope to move past the impact of the trauma and lead healthy lives. Thus, referral to trained mental health professionals is critical. The school psychologist is a vital resource, and guidance counselors can be an important link in the mental health resource chain.

Although professional assistance is ultimately essential in cases of PTSD, classroom teachers must deal with the immediate daily impact. Becoming an informed teacher is the first step in helping traumatized children avoid the life long consequences of PTSD.

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Resources Available from ERIC

These resources have been abstracted and are in the ERIC database. Journal articles (EJ) should be available at most research libraries; most documents (ED) are available in microfiche collections at more than 900 locations. Documents can also be ordered through the ERIC Document Reproduction Service (800-443-ERIC).

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Other Resources

American Academy of Child and Adolescent Psychiatry, 3615 Wisconsin Avenue, NW, Washington, DC, 20016-3007, 202-966-7300, http://www.aacap.org

American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005, 202-682-6000; http://www.psych.org

American Psychological Association, 750 First Street, NE, Washington, DC 20002, 202-336-5500, http://www.apa.org

Anxiety Disorders Association of America (ADAA), 11900 Parklawn Drive, Suite 100, Rockville, MD 20852, 301-231-9350; http://www.adaa.org

Disaster Stuff for Kids, http://www.jmu.edu/psychologydept/4kids.htm

Federal Emergency Management Agency http://www.fema.gov/kids

International Society for Traumatic Stress Studies (ISTSS), 60 Revere Drive, Suite 500, Northbrook, IL 60062, http://www.istss.org

National Center for Kids Overcoming Crisis, (includes *Healing Magazine* online) 1-800-8KID-123, http://www.kidspeace.org/facts

National Center for PTSD, 215 N. Main Street, White River Junction, VT 05009; 802-296-5132; http://www.ncptsd.org/

National Center for Post-Traumatic Stress Disorder of the Department of Veterans Affairs http://www.ncptsd.org/

National Institute for Mental Health (NIMH) 6001 Executive Boulevard, Rm 8184, MSC 9663, Bethesda, MD 20892-9663; 301-4513, Hotline 1-88-88-ANXIETY, http://www.nimh.nih.gov

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5 Children's Literature in a Time of National Tragedy

by Mei-Yu Lu
ERIC Clearinghouse on Reading, English & Communication
ERIC Digest

While America recovers from the tragic events of September 11th, 2001, parents and educators are seeking assistance to help children cope with the impact of this national tragedy. This digest is intended to guide parents and teachers in helping children deal with this issue through the use of literature. It begins with suggestions, guidelines, and strategies for parents and teachers to help children deal with this tragedy, and then discusses by the role of literature in helping children at a time of national disaster. The second part of this Digest offers resources intended to help children understand and appreciate cultural differences through the use of literature, as well as to provide materials that will help children cope with stresses in their lives and in particular, the events that took place on September 11th, 2001.

Allow children time to reflect upon and share their feelings.

Suggestions to Help Children Deal and Heal

The following suggestions for parents and educators will help children deal with the national tragedy. They were developed by adopting recommendations from the following organizations: the National Association of School Psychologists (2001), the National Education Association (2001), and the National Mental Health Association (2001).

- *Give assurance and support, but be open and honest with children.* While adults want to help children ease anxiety, false promises, such as "it won't happen to us" will not help children. Instead, adults should let children know that disasters such as that which occurred on September 11 are rare, and that adults work hard to protect them. Spend time with your children and stay close to them, especially the younger children.

- *Allow children time and provide activities for them to express their feelings.* While different children react to the same events differently, they all need a variety of channels through which to express their feelings. Encourage children to express their feelings concerning the events using such methods and media as storytelling, drawing, writing, sculpting, singing, plays, or puppet shows. Allow children time to reflect upon and share their feelings.

- *Be patient with children's possible regressive behavior.* Traumatic events may cause some children to exhibit regressive behaviors, which they had outgrown long ago. Adults need to be understanding and try to find outlets for children to express their feelings. These behaviors are usually temporary, lasting for only a few days or a couple of weeks. If the regressive behaviors persist, and children exhibit excessive anxiety, contact the school's psychologist, social worker, or counselor.

- *Monitor media exposure.* While adults may want to closely monitor the unfolding of events, children of primary grades or younger may be frightened by the news footage. So, consider monitoring the amount and degree of media exposure.

Adults may watch the news with older children, then discuss the events, and listen as they express their feelings.

- *Resume daily routine as soon as possible.* Routines give children a sense of security and help them to regain order in their life.

More Resources for Parents and Teachers: Guidelines and Strategies

Coping with a National Tragedy
http://www.nasponline.org/NEAT/crisis_0911.html
From the National Association of School Psychologists (NASP). NASP provides resources that offer useful information on what to look for in children, what to say, and how adults can help. Current topics addressed include coping with terrorism, promoting tolerance, recognizing severe trauma reaction, managing anger and other strong emotions, preventing suicide, school memorials, children and war, and helping children with special needs cope. Some handouts are translated into other languages.

Children's literature offers an avenue to help children develop understanding of people of different backgrounds, as well as deal with tragedies and stressful situations

Crisis Communications: Guide and Toolkit
http://www.nea.org/crisis/
From the National Education Association. This Guide and Toolkit provides resources to empower those facing crises and to guide their school communities toward hope, healing, and renewal.

Resources for Children and Their Parents and Educators Dealing with the Tragic Events of September 11, 2001
http://www.ala.org/alsc/dealing_with_tragedy.html
From the American Library Association. This site provides a compilation of materials to aid parents, teachers, and caregivers who wish to discuss with children and teens the terrorist attacks on Tuesday, September 11, 2001.

Teaching Students about Terrorism and Related Resources
http://askeric.org/Virtual/Qa/archives/Subjects/Social_Studies/Current_Events/tragedy.html
In light of recent events, AskERIC has compiled a list of resources for educators and parents to help students cope with and discuss this tragedy.

What Children's Literature Can Offer Us

While we learn about the individuals who are responsible for the September 11th tragic events, we need to help children understand that it is not appropriate to make assumptions and use labels about a group of people based on their race, ethnicity, religious background, or national origin (NAEYC, 2001). Children's literature offers an avenue to help children develop understanding of people of different backgrounds, as well as deal with tragedies and stressful situations. Resources in this section provide information on selecting and using literature to help children cope with personal and social issues, develop positive and accurate attitudes toward people of different backgrounds, and express their feelings regarding this national tragedy.

Using Literature to Help Children Cope with Problems. ERIC Digest.
http://eric.Indiana.edu/www/digbib/digprint.cgi?filename=d148.txt
By Wei Tu, from the ERIC Clearinghouse on Reading, English, and Communication.
This digest provides information on the role of literature in helping children deal with personal and social issues, as well as offers suggestions, criteria, and resources for parents and educators for selecting appropriate literature to help children cope with problems they encounter in their lives.

Multicultural Children's Literature in Elementary Classrooms
http://eric.Indiana.edu/www/digbib/digprint.cgi?filename=d133.txt
By Mei-Yu Lu, from the ERIC Clearinghouse on Reading, English, and Communication.
This digest provides information on the importance of multicultural literature in children's development, as well as offers guidelines and resources for teachers and parents to select appropriate multicultural literature for children.

Our Heroes by Edinger and Terpening Houses
http://www.dalton.org/ms/4th/heroes/index.html
From Edinger House at the Dalton School, New York. This site provides examples on how teachers can connect their curriculum with the September 11th event. As part of a class project, the children in a 4th grade class were asked to draw and write paragraph with their definitions of heroes, as well as examples from real life in response to their study of E.B. White's *Charlotte's Web*.

young people learn that beneath surface differences of color, culture or ethnicity, all people experience universal feelings of love, sadness, self-worth, justice and kindness

Bibliographies and Materials for Children

Exposure to quality multicultural literature helps children appreciate the idiosyncrasies of other ethnic groups, eliminates cultural ethnocentrism, and develops multiple perspectives. In this section, a list of resources related to people of Islamic faith and from the Arabic world is selected. With this information, we hope to help children develop an accurate and realistic understanding of Muslim culture and people from the Arabic World, instead of generating stereotypes based on a small group of people who are responsible for the national tragedy. In addition, a list of materials that help children deal with the tragic events is included.

Materials that help children understand the Islamic culture and the Arabic world

Among the multicultural children's literature published each year in the United States, materials on and about the Arabic world and Islamic culture have been under-represented (Lems, 1999). Although famous Arabic Nights tales, such as Aladin, have gained popularity in America, little information is available on the daily life of the Arabic and the Islamic people in children's literature (Lems, 1999). Dowd (1992) stresses the values of literature in helping children develop an accurate understanding of people from other cultures, and she argues that "from reading, hearing, and using culturally diverse materials, young people learn that beneath surface differences of color, culture or ethnicity, all people experience universal feelings of love, sadness, self-worth, justice and kindness" (p. 220). It is therefore, important that children have access to quality literature that provides an authentic and positive portrayal of the Arabic World and Islamic culture. In the following section, we provide websites that collect and link to such information. Parents and educators can make use of these materials to read along with the children at home and in school.

Information and Stories about Islam and Muslims
http://www.acpl.lib.in.us/Childrens_Services/islam.html

Compiled by Allen County Public Library, Fort Wayne, Indiana. This website provides a list of books and links about Muslim and Islamic Culture.

The Arab World and Arab Americans
http://www.ala.org/BookLinks/v09/arab.html

By Kristin Lems, from *Book Links*, November 1999 9 (2). This article provides an annotated bibliography (picture books, folktales, poetry, fiction, and nonfiction) of children's literature set in Arabic countries as well as about Arab Americans.

Afghanistan for Kids
http://www.public.asu.edu/~apnilsen/afghanistan4kids/

By Don & Alleen P. Nilsen at Arizona State University. The Nilsen's lived with their 3 children in Kabul between 1967 and 1969. This site is intended for use by adults and children who want to learn about aspects of Afghanistan, such as its food, stories, and clothing.

Materials that Help Children Deal and Heal

Materials in this section are intended to help children cope with their personal and social lives, focusing on the national tragedy.

Recommended books for children, parents and caregivers
http://www.hclib.org/pub/reader2reader/coping.html

From Hennepin County Library, Minnetonka, Minnesota. For those concerned about talking to children regarding the national tragedy on September 11th. This site offers books, videos, and websites as resources.

Books on Tragedy, Trauma, and Loss
http://www.cbcbooks.org/html/cbc_booklist.html

From the Children's Book Council in cooperation with the Council's member publishers. Provides a list of books to assist parents and educators to help children deal with tragedy, trauma, and loss resulting from the September 11th events.

Coping with Violence
http://www.ala.org/BookLinks/v09/violence.html

By Sally Driscoll from Book Links, September 1999 v9 n1. Provides an annotated list of books (K-12) for helping children deal with violence.

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National Association for the Education of Young Children: Helping Children Cope with Disaster. http://www.naeyc.org/coping_with_disaster.htm

National Association for School Psychologists: Coping with National Tragedy
http://www.nasponline.org/NEAT/crisis_0911.html

National Mental Health Association: Coping Resources
http://www.nmha.org/reassurance/when_to_seek_help.cfm

National Education Association: Helping children cope with national tragedy
http://www.usnewswire.com/topnews/Current_Releases/0911-130.html

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6 Answers to Children's Questions & Answers to Parent's Questions

Excerpted from Will They Fly a Plane Into Our House by Lawrence E. Shapiro, Ph.D.

These are some of the questions that I have been asked over the last few days. If you need help in answering other questions, seek advice from a counselor at your child's school or from a community mental health agency.

Q: What can I do to help keep my child from worrying about terrorism?

Most importantly, spend a lot of time with your child.

Other things that you can do include:
Keep your child's schedule consistent.
Know your community resources and use them if needed.
Find your own help if you need it.
Communicate.
Openly express your affection to your child and those around you.
Avoid arguing with your spouse.
Do not use alcohol or drugs to make yourself feel better.
Be truthful.
Limit TV.
Keep your child busy learning and doing productive activities.
Foster a sense of tolerance and a sense of togetherness.
Talk about what your child should do in an emergency.
Find out what your school is doing.
Find time for creative expression.
Recognize your child's vulnerability to other problems.

Most importantly, spend a lot of time with your child

Q: What are some signs that my child is having trouble?

Symptoms of anxiety disorders include:
Recurring nightmares.
Recurring thoughts.
Extreme withdrawal, sadness, and a reluctance to do normal activities.
Continued fearfulness when hearing about the trauma.
Reluctance to go to school or to be away from parents.
Extreme alertness, as if waiting for something bad to happen.

If you are concerned at all, seek professional guidance. Do not wait for symptoms to appear before you seek help.

Q: My 8-year-old child doesn't seem to be affected at all by the terrorist attack even though it is constantly on television and everyone in the family is talking about it. Is this a problem?

There are different reasons why a child may not want to deal with his feelings. You should not force your child to talk about his feelings, but you should make it clear that you have feelings about what has happened and you are available to talk when he is ready. Reading the questions and answers in Part II of this book and doing the activities in Part III may help.

Q: My child says that he wants to join the army and kill all the terrorists. It's all he talks about. All he wants to do is play with his soldiers and 'kill the bad people.' Is that a bad thing?

Children, particularly boys, often react to a perceived threat with bravado and heightened aggression in their play. This is an appropriate way for them to deal with their anxiety, as long as it is not the only way. Use the activities in this book to help your child express a range of feelings, find ways to help others, and develop a positive attitude.

Q: We have a family vacation planned for Christmas. My child doesn't want to go because it means getting on a plane. Should we cancel the trip?

This is your decision, not your child's decision. Many people are canceling planned flights. But other people feel that they cannot give in to fear and they must live their lives as normally as possible. When you have made the decision that is best for you and your family, explain your reasons simply and calmly to your child.

Children who have excessive fears and anxieties benefit from counseling, and in particular, group counseling with children of the same age.

Q: I know that I should be talking more to my child, but I'm too upset. I'm afraid that I'm going to break down in front of my child. Which is better: to keep silent or to fall apart?

You have more choices than keeping silent or falling apart. I suggest that you read through Part II of this book by yourself and then see if some of it is appropriate to read with your child. The activities in Part III are not directly about terrorism, and might be a good way to open up communication with your child.

If you continue to feel too upset to talk to your child, then you should consider talking to a counselor about your own anxieties.

Q: My child already had anxiety about a lot of things. He is afraid of dogs and escalators, to name just a few things, and he is very shy with strangers. Is this just going to make things worse?

Children who already have worries and fears are more at risk when there is a traumatic event that affects them or those they love. Children who have excessive fears and anxieties benefit from counseling, and in particular, group counseling with children of the same age. Excessive shyness can become a serious and lifelong problem, but will respond to counseling. I would recommend contacting your school counselor or school psychologist to find out the resources that are available to you and your child.

Answers to Children's Questions

There are several principles to remember in talking to children about difficult topics:

- Keep your answers simple.
- Accept the fact that children may need to ask the same questions several times and need to have the same answers repeated to them.
- Tell the truth, even if it is upsetting. Children are much more resilient than most of us realize.
- Share your feelings, but do so in a calm and measured manner. Show children that all feelings are okay, but it is what you do with them that counts.
- Invite children to come to you with their questions and concerns at any time.
- Make sure that your voice, tone, and body language express your sincerity as well as your confidence.
- If you don't know an answer to a child's question, or if you don't feel that you can discuss it, then be honest about it. Don't try to fake it. Say, "That is a good question, and I need to think about a good answer. Let me talk to you about this later."

If you don't know an answer to a child's question, or if you don't feel that you can discuss it, then be honest about it.

Answers to Children's Questions About Terrorists

Q: What is a terrorist?

Terrorists are people with a great deal of hate in their heart. They have so much hate that they want to harm and scare the people they hate, even though they don't know them.

Some people hate the United States because they think that our country has hurt them or their families. They will do anything they can to hurt us and scare us. They believe that they are at war with our country and that it is okay to hurt and kill people.

We know that this kind of thinking is very wrong. Some people may have reason to be angry or even to hate others, but violence is never a good answer.

Q: Why are terrorists attacking our country?

For many children in America, this is the first time you have heard about terrorists or what they can do. Unfortunately, this is not true in other countries. In

Ireland, in some African countries, and particularly in the Middle East countries, terrorists have been trying to hurt people for many years.

You should know that children in these countries are often frightened. They see terrible things on TV and even in person. But even so they are children just like you and do things just like you. They play, and go to school, and do things with their friends.

I cannot tell you exactly why terrorists attacked our country on September 11, 2001. As of today, we still don't even know who planned the attacks.

Sometimes terrorists tell you the reasons why they are attacking and sometimes they do not. Part of the reason for a terrorist attack is always that they want to scare you. That is what the word "terror" means – that you are very, very afraid, like when you see a scary movie.

Q: Are we in a war?

Yes, the leaders of our country say that we are at war with terrorism and specially the people who hijacked the airplanes and attacked the World Trade Center and the Pentagon. But this is very different than other wars that America has fought. In other wars, we sent the Army, Navy, and Air Force to fight in other countries. But in this war, we are not even sure who is our enemy.

All our military forces are ready for war. Their first job will be to make sure that everyone in the United States and American citizens around the world are safe.

Q: Will they bomb my school or my home?

Terrorists try to make you feel that you are not safe. Fear is their primary weapon. But if we look back at the history of terrorism around the world, terrorists rarely try to attack places where there are children. They are most likely to attack government buildings or military installations.

Terrorists try to make you feel that you are not safe. Fear is their primary weapon.

Q: Will my mommy or daddy have to go into the army?

Today, people volunteer to go in the military. It is their choice. No one has to go if they don't want to go, but many people feel that protecting our country is a very important job. In other wars, there was something called the "draft," and young men had to join the military unless they had health problems. It is not likely that we will have that kind of war again, where thousands of people are needed for the military, but it is possible. Even if this did happen, you would know many, many months before your dad or mom had to go into the military.

Q: I am worried and I have trouble sleeping. What should I do?

The first thing that you need to do is to talk to your parents. They need to know that you are worried. They may want you to see a counselor or someone else to help you talk about your feelings.

Here is trick that I sometimes teach children who are worried and have problems falling asleep. Maybe it will work for you.

While you are trying to fall asleep, think about your feet. Are your feet all right? Good. Now think about your legs. Are they okay? Good. Now think about your stomach, and then your chest, and your arms and your hands. Do they feel okay, too? Great. Now your shoulders. Now your neck. Now your head. Everything is okay. You just made sure that you are fine. Now you can go to sleep.

Q: Will there be more terrorist attacks?

This is one question that no one can really answer. However, I can tell you that there are thousands of people that are going to work to make this country safer and make sure that you and your family are safe. The President and the Congress have made this their #1 concern. The Army, the Navy, the Coast Guard, the Marines, the police, the firemen and firewomen, people who work in the airports, and many, many more people are going to do everything that they can to prevent anyone else from getting hurt.

Q: Is it safe to fly in an airplane?

Air safety has always been a concern, just like car safety or bicycle safety. When something bad happens and people get hurt, we do things to make sure that this will never happen again. When I was young, we didn't have seat belts in cars. We didn't wear helmets when we rode our bicycles. Now we know better, and when you ride in a car or ride your bike you are safer than I was at your age. In the future, we will see many things change at airports and on airplanes that will make them even safer than they were before.

From: Shapiro, Lawrence E. (2001). *Will They Fly a Plane into Our House?* How to talk to children about terrorism. Norwalk, CT: Play2Grow. [ED454488]
Full text available at: http://www.play2grow.com

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7 Helping Children During a Crisis

From Helping Children Cope with Fears and Stress
Edward H. Robinson, Joseph C. Rotter, Mary Ann Fey, and Kenneth R. Vogel

The purpose of this session is to help participants develop an understanding of how to help children cope with their fears and stress during a crisis. A crisis might include a collective crisis, such as the assassination of a political leader or natural disaster such as an earthquake, or an individual crisis like the loss of a parent.

Overview

Open the session with an activity. One suggestion is to give each participant a piece of modeling clay. Tell them they may mold it as they see fit while you talk. Ask people to close their eyes and remember a time of crisis and what they were doing at the time. For example, where were you when the shuttle exploded with a fellow teacher on board? Although this was a collectively shared event, each person reacts a bit differently but most have strong emotional memories.

Another activity is to ask them to read an anthology or a poem depicting a tragic event and ask them to pay attention to the emotions emitted while reading the piece. A third possibility is to show a clip from a movie depicting an emotion-laden event.

A crisis often reminds children what little control they have over their lives and leaves them feeling vulnerable

Notice what people do with the clay as you go through the recollection or reflection process. Ask participants if they were aware of what they did with the clay (some will probably just hold it, some will just kneed it some may make shapes and forms).

Discussion: One teacher used clay at story time to help children deal with the stress of a crisis around them. Teachers would pass out clay, give children a chance to talk about what was going on around them, and then read a story. As the days went by children would knead less and begin making things with the clay. Clay and play can be a great tension release for children.

During and after a crisis or traumatic event it is important to keep to a routine but not ignore the events or the feelings people have about the events surrounding them. It is important that you let children have the opportunity to discuss or express their feelings about the crisis. It is also important not to dwell on events. Answer factual questions with accurate factual responses. A crisis often reminds children what little control they have over their lives and leaves them feeling vulnerable. Emphasize the control they do have. "It seems you handled that well. I see you are sorting this mess out."

Hand out Appendix of Helping Children Cope With Fears and Stress. Break into small groups. Have each grade level or appropriate group (primary, intermediate, etc.) meet together and discuss the handouts. How would they give emotional first aid to children this age? Verbal catharsis can be difficult for preschool or kindergarten children. Expressing their feelings through art or play might be better.

Give the small groups an additional task of determining what to do after the crisis to help children. Although the emotions of a crisis will be dissipating, the 'after crisis" emotions can still be strong. Look through Part 1: Discussion and Activities and discuss activities that would be helpful to your age group in dealing with the aftermath of a traumatic event.

In the groups have participants share how they help children deal with personal crises such as the loss of a parent. Read *The Fall of Freddie, The Leaf* or another book that talks about death and discuss how books can be used with children to help them cope.

End the session with a relaxation activity. You can use the scripts from Part 1 of Helping Children Cope With Fears and Stress or develop your own. You can use guided imagery or physical relaxation or a combination of these. This could be helpful in a crisis and/or as a preventive technique that can help people on a day-to-day basis.

Materials

Script for opening exercise and clay. Video and equipment or anthology/poetry if used to depict emotional event. Script for relaxation activity. Book or chart for recording if desired. Handouts.

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Outline

I.	Activity: Remember When	10 minutes
II.	Mini Lecture/Discussion Tips on Helping Children in a Crisis	15 minutes
III.	Small Group Activity Handouts: Emotional First Aid Developmental Differences	20 minutes
IV.	Small Group Activity After the First Aid	10 minutes
V.	Activity: Read book on loss; give examples of discussion questions that might be used	10 minutes
VI.	Discussion: How do teachers help children in personal crisis?	10 minutes
VII.	Relaxation and/or guided imagery activity	10 minutes

From: Robinson, Edward, et al. (1992). Helping Children Cope With Fears and Stress. Greensboro, NC: ERIC/CAPS. [ED348625]

Techniques for Managing Children During a Crisis

- Avoid separation of children from parent, if possible.
- Encourage discussion of the incident.
- Encourage creative play re-enacting the crisis.
- Arrange for rumor control.
- Create parent-support group.
- Return to normal routine as soon as possible.
- Build on experience of past crises.
- Consider consultation of health professional if child's behavior continues to cause concern.

Giving Emotional First Aid to Children

1. *Be calm.* Adults' demeanor and bearing will be interpreted by children. Negative or disquieting reactions can cause needless anxiety and panic in children observing them. A measured voice and controlled, patient and relaxed behavior is the goal.

2. *Be honest.* Give supportive information that is truthful. For example, if a child is afraid that his parent has been injured or has forgotten him you can say, "I don't know," or "I'm not sure, but we are trying to find out and we will tell you." Children need to be able to trust the available adults.

3. *Get the child to talk if possible.* Verbal catharsis is helpful in relieving tension, and distraction is useful, especially if the child is injured. Listen carefully.

4. *Inform the child about the plan of action* even if it is only that "we will wait here until people who will help us get here." Any structure an adult can provide will be helpful to a child involved in a violent or crisis situation.

5. *Mobilize the child's own resources.* Anything a child can do for himself or another will help him feel more in control. Singing, clapping games, helping younger children with clothing or eating are examples.

6. *Give reassurance and comfort.* Physical contact (hugging, holding hands, a lap) are the basics. Food and drink and a place to snuggle down come next. When possible assure the child of continuing attention.

Questions

1. What are our school's preparations for dealing with crises?

   How much do we know about them?

   Does the school have an emergency plan including a system for communicating with parents?

   What do we need to know about the school's emergency plan?

   What should we do to support and strengthen the school's plan?

2. What crises have we as parents/teachers/administrators experienced with children?

   What were our own reactions and those of other adults?

   What reactions and behaviors were most helpful?

   What reactions and behaviors were least helpful?

   What were some of the reactions and behaviors of the children?

   What can we learn from these experiences?

3. What kinds of crises could occur?

4. What steps should we take to help ourselves and our community manage children more effectively during a crisis? How do we want to follow up on this? List some specific steps we want to take.

Evaluation

1. What were your expectations of the workshop? How were these expectations realized?

2. What segments have been the most useful to you?

3. What segments have been the least useful to you?

4. What changes would you make in the workshop?

Name_____
(optional)

Stress/Fear and the Family: A Group Session

From Helping Children Cope With Fears and Stress

The purpose of this session is to emphasize that fear and stress are family issues. Although fear and stress may be triggered by isolated incidences, their effect on children often results from the amount of advance preparation that family members have made and their ability to effectively follow up on stressful situations.

Overview

It is important that family related issues be addressed at some time during the training. You may want to start a discussion with the teachers, then ask them to identify specific incidences they have encountered with crises or with which they are familiar. Ask them to share, in small groups, how an incident was handled and the affect it had on the children and their families.

It is often difficult to determine, during times of crises, how much to share with children. This will vary depending on the age and developmental level of the child. However, it is important to keep the lines of communication open. Ignoring or minimizing an incident can cause more harm than a forthright discussion of the issues. Children who have established a sense of control, security, and self-worth are more likely to deal with the situation knowing that they have a support system within the family and the community. When information is withheld or questions ignored, that support system can become eroded.

The debilitating effects of stress and fear can be reduced, if not prevented, by taking care of oneself and maintaining the family as a unit. Through proper nutritional habits, regular exercise, some form of relaxation, and open communication, families can learn that taking care of themselves can serve as a very useful tool during a time of crisis. Having a plan and maintaining open lines of communication can foster these necessary qualities of control, security, and self-worth so essential during times of stress.

In order to personalize the issues related to families and stress and fear, ask the participants to take a moment to reflect upon their own family of origin. Ask them to recall the themes and values expressed within their families and to write down a family motto that was prevalent when they were growing up. Examples might include: "The family that plays together stays together." "Honesty is the best policy." When they have identified their family motto ask them to share it with the group. Next, begin a discussion of whether these mottos hold true for them and their families today. These mottos represent some very basic values that can have and impact on the way they conduct themselves in times of crisis.

Discuss the following attachments regarding family stress. Finally, ask them to complete the Family Stressor Intervention Plan.

Bibliography

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Outline

I. Overview of Family Stress	15 minutes
II. Small Group Discussion of Incidents	20 minutes
III. Discuss Healthy Prevention Activities Proper Nutrition, Exercise, Relaxation	10 minutes
IV. Family Motto Activity	10 minutes
V. Discuss Family Stressors and Ways to Mediate Family Stress	15 minutes
VI. Family Stressor Intervention Plan	20 minutes

Top Ten Family Stresses

Economics/finances/budgeting

Children's behavior/discipline/sibling fighting

Insufficient couple time

Lack of shared responsibility in the family

Communicating with children

Insufficient "me" time

Guilt for not accomplishing more

Spousal relationship (communication, friendship, sex)

Insufficient family playtime

Overscheduled family calendar

Source: Curran, D. (1985). *Stress and the healthy family.* Minneapolis: Winston Press.

Ways to Mediate Family Stress

Establish family traditions

Discuss family values

Take on something bigger than yourself

Respect differences within the family

Exercise together

Emphasize wellness instead of illness

Allow for private time

Become active in a community organization that includes children and adults

Take on a family project

Learn success imagery

Turn problems into challenges

Hold family meetings

Develop and utilize effective communication skills

Show that you care about and respect the other family members

Go to entertainment together

Provide a job within the family for every member

Listen

Emphasize cooperative dietary planning —adults setting good examples

Eat one meal a day as a family to discuss day's events

Laugh together

Source: Rotter, M. F. (1985). Stress is a family affair. Presentation at AACD Convention, Los Angeles.

Self-Management Techniques

Good Nutritional Habits

1. Balanced diet
    a. Sufficient vitamins, minerals, protein, complex carbohydrates and fiber
    b. Minimized consumption of sugar, salt, saturated fats, refined white flour and chemical additives
2. Regular meals
3. Maintenance of recommended weight
4. Moderate use of alcohol and caffeine
5. No smoking

Good Exercise Habits

1. Regular aerobic exercise to improve cardiovascular fitness
2. Regular recreational exercise for tension reduction and diversion

Self-Awareness

1. Understanding of personal needs, preferences and idiosyncrasies
2. Assertive behavior and role negotiation

Letting Go Techniques

1. Regular relaxation habits (e.g., meditation, prayer, healing, visualization)
2. Seeking closure of tasks and interpersonal situations — finishing unfinished business

Personal Planning

1. Effective time management day-to-day
2. Life and career planning for the long term

Source: Adams, J. D. (1980). Understanding and managing stress: A book of readings. San Diego University Associates.

Family Stressor Intervention Plan

Family stressors:

Target stressor:

Identify desired outcome:

Determine strategy:

Apply strategy:

Determine level of success:

What will be your next step?

Who will be involved?

What will each person's (including yourself) role be?

What outside support systems are needed?

My personal time line — I will do the following:

Today

Tomorrow

Next Week

Robinson, Edward H., et al. (1992). *Helping Children Cope With Fears and Stress. Part I: Discussion and Activities. Part II: Facilitators Guide.* ERIC/CAPS Publications: Greensboro, NC.

8 Searches of the ERIC Database

The ERIC Database

The ERIC database is the world's largest source of education information. The database contains more than one million abstracts of education-related documents and journal articles. You can access the ERIC database on the Internet or through commercial vendors and public networks. You can also access ERIC abstracts in the print publications Resources in Education and Current Index to Journals in Education. ERIC updates the database monthly (quarterly on CD-ROM) ensuring that the information you receive is timely and accurate.

To search the ERIC database, visit online: http://www.eric.ed.gov
Click on the "Search ERIC Database" tab to begin searching.

Using ERIC descriptors adds precision to your search. Here are some descriptors that you may find useful:

> Descriptors – grief, bereavement, crisis intervention, stress management, stress variables, posttraumatic stress disorder, emotional disturbances, depression, anxiety, death

The following is a sample ERIC search for Helping People Cope with Tragedy and Grief.

Searches of the ERIC Database

RIE Search

"Will They Fly a Plane into Our House?" How To Talk to Children about Terrorism
by Lawrence E. Shapiro
AN: ED454488
PY: 2001
ISBN: 1-931704-03-0
AV: Play2Grow, LLC, 4 Berkeley Street, Norwalk, CT 08650. Tel: 877-933-7529; for full text: http://www.play2grow.com
PR: EDRS Price MF01/PC02 Plus Postage
DE: *Anxiety; *Children; *Coping; *Stress Management; *Terrorism
DE: Counseling Techniques; Emotional Response; Skill Development
AB: This book is intended to help parents, teachers, and counselors of school-age children who did not experience the loss of someone close to them in the terrorist attacks of September 11, 2001, but who are still at risk for prolonged anxiety reactions. Although every child will react in a different way to these events, concerned adults must help each one communicate and cope. The first part of the book provides answers to parents' questions, with an emphasis on techniques for decreasing a child's stress and anxiety.

The second part of the book provides answers to some of the most common questions that children ask about terrorism. The final part of the book provides emotional intelligence activities for enhancing 10 emotional skills that children need to develop in order to cope better with a national trauma like the terrorist attacks, or with a personal problem that is causing anxiety and worry. (GCP)

Grief Support Group Curriculum: Facilitator's Handbook
by Linda Lehmann, Shane R. Jimerson & Ann Gaasch
AN: ED449438
PY: 2001
ISBN: 1-58391-096-4
AV: Brunner-Routledge, a member of the Taylor & Francis Group, 7625 Empire Drive, Florence, KY 41042 ($15.95). Tel: 800-634-7064 (Toll Free).
PR: Document Not Available from EDRS
DE: Bereavement; Children; *Counseling; *Curriculum; *Grief; *Social
DE: Adolescents; Elementary Secondary Education; Support Groups
ID: *Facilitators
AB: This handbook is designed for facilitators of grief support groups for mourning children. The first chapter discusses the history, philosophy, and format of a specific curriculum - the Mourning Child curriculum. This curriculum, originally written in 1986 and later expanded and revised, has been used with hundreds of children. Chapter two covers developmental considerations of mourning children. Specifically it discusses how development affects bereavement in the early years, at middle childhood, during adolescence, and in general. The third chapter provides the facilitator with practical advice for preparing for grief support groups. Topics covered include: finding a site; recruiting and training facilitators; materials needed; and whether or not providing a snack is appropriate. An extensive list of resources for those working with mourning children and their families as well as for the children and families themselves is included. (MKA)

Grieving the Death of a Friend: The Stages of Grieving a Teenager's Suicide
by Kevin Mulroy, Jezerae Quitugua & Liezl San Gil
AN: ED451466
PY: 2001
PR: EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DE: *Adolescents; Bereavement; *Coping; *Self Expression; *Suicide; *Grief
DE: Counseling; Emotional Problems; Foreign Countries; Intervention; Peer Counseling; Peer Relationship; Workshops
ID: *Adolescent Suicide; Guam
AB: The process of grief following the suicide of a peer is a difficult problem for adolescents and cannot be equated with how an adult might experience it. The theoretical concern in this paper was that teenagers in Guam might demonstrate a different attitude toward openly communicating their feelings and thoughts about such a sensitive topic as suicide. A workshop was developed to help these adolescents effectively deal with the process of grieving after a classmate's death. The workshop began with 25 questions meant to evoke emotions leading to demonstrations of the students' feelings and a description of the events that brought about those feelings. The one issue that did not arise is that close friends of teenagers who commit suicide are often blamed by the parents of the deceased for some part in their child's suicide. The counselor concluded the workshop by

suggesting to the students that positive action be taken to honor the memory of their classmate. An opportunity was given to students to put into writing something affirming about their friend and samples of their writings are included in the appendix.
The workshop provided a means of reaching the adolescents that involved cooperation and consultation between a responsible adult and some student leaders.
(Contains 4 appendixes and 2 references.) (JDM)

Crisis Debriefing Teams' Manager's Handbook
by Everett E. McDowell
AN: ED410710
PY: 1995
PR: EDRS Price MF01/PC02 Plus Postage
DE: *Counseling-Services; *Crisis-Intervention; *Emotional-Problems
DE: Elementary-Secondary-Education; Evaluation-Methods; Interdisciplinary-Approach; Public-Schools; School-Districts; Teamwork-
ID: *Aurora-Public-Schools-CO; *Crisis-Management
AB: This guide for crisis debriefing teams (CDTs) in the Aurora public schools (APS) in Colorado is intended to provide immediate guidelines for schools to access trained support to deal with crises (such as serious injury or death) that can affect school communities. It is intended for use by counselors, psychologists, nurses, social workers, and community liaison workers trained to provide support to individual school building crisis teams. Individual sections of the guide provide the following: a summary of APS crisis debriefing team procedures, a procedural flowchart, a CDT manager's checklist, a list of teams, a crisis intake form, and guidelines for debriefing. Attached handouts provide information on: critical incident stress reactions, children's response to trauma, coping with children's reactions to trauma, myths and facts about suicide, "do's and don'ts" related to suicidal threats, responding to a student's death, ways parents can help, family grief, and helping children in the home. Also attached are a sample statement for initial announcement of a crisis event, a list of community resources, a form for recording students receiving counseling support, and a sample debriefing summary sheet. (DB)

When Nothing Makes Sense: Disaster, Crisis, and Their Effects on Children
by Gerald Deskin & Greg Steckler
AN: ED399087
PY: 1996
ISBN: 0925190950
AV: Fairview Press, 2450 Riverside Avenue South, Minneapolis, MN 55454 ($19.95).
PR: Document Not Available from EDRS.
DE: *Children-; *Emergency-Programs; *Emotional-Response; *Natural-Disasters; *Parent-Role; *Stress-Management
DE: Childhood-Needs; Coping-; Counseling-; Crime-; Cultural-Differences; Earthquakes-; Emergency-Squad-Personnel; Emotional-Problems; Floods-; Hurricanes-; Parenting-Skills; Terrorism-; Tornadoes-; War-
ID: *Disaster-Planning
ID: Bombs-; Emotional-Distress; Emotional-Support; Traumas-
AB: The terror and severe stress most children feel after a disaster such as an earthquake or bombing manifest themselves in a number of ways. This book provides a tool for parents and others responsible for children's well-being to prepare for a disaster experience. The book's introductory chapter examines the nature of disasters—natural and human-

made—defining terms such as trauma and stress, and detailing symptoms of stress. Factors that influence how well or poorly a person handles a disaster are also explored. The remaining chapters are: (1) "Children's Emotional Reaction to Crisis"; (2) "What To Do before a Disaster"; (3) "True Stories: The Shaking Earth"; (4) "What To Do during a Disaster"; (5) "Mental, Emotional, and Physical Reactions to Disaster"; (6) "True Stories; The Blowing Wind"; (7) "What To Do after a Disaster"; (8) "Help after a Disaster"; (9) "True Stories; The Burning Forest"; (10) "Special Family Problems after a Disaster," on coping with problems that may arise with specific family members, including the elderly, adolescents, and disabled; (11) "Cultural Differences in Handling Stress and Disasters," on communicating with disaster workers from other cultures; (12) "True Stories: The Crazy Man," an account of a gunman firing into a school yard; (13) "An Overview of Some Disasters"; (14) "The Media's Impact"; and (15) "The Aftereffects—Years after a Disaster," on both the positive and negative effects, and how the families described in the preceding chapters have fared. Two appendices contain a list of emergency materials to purchase in preparation for disaster, and text to read aloud into a tape reorder to make a pre- or posttrauma relaxation tape. Contains 13 references. (HTH)

Islands of Safety: Assessing and Treating Young Victims of Violence

by Joy D. Osofsky (ed.) & Emily Fenichel (ed.)

AN: ED396491

PY: 1996

SO: Zero-To-Three; v16 n5 Apr-May 1996

ISSN: 0736-8038

ISBN: 0943657377

AV: Zero to Three Publications, 734 15th Street, NW, 10th Floor, Washington, DC 20005-1013 ($37 per year, $69 for 2 years and $99 for 3 years; subscribers may order additional copies for distribution purposes at a rate of $20/auxiliary subscription/year).

DE: *Child-Abuse; *Counseling-; *Emotional-Disturbances; *Intervention-; *Therapy-; *Violence-

DE: Behavior-Patterns; Child-Caregivers; Children-; Emotional-Problems; Environmental-Influences; Evaluation-Methods; Family-Environment; Infants-; Mental-Health-Programs; Posttraumatic-Stress-Disorder; Psychological-Services; Social-Problems; Symptoms-Individual-Disorders; Toddlers-

ID: Witnesses-

AB: This collection of articles summarizes what mental health professionals have learned about evaluating and treating infants and young children who have been exposed to violence in their homes and communities. Emphasis is on recognizing symptoms and behaviors demonstrated by very young children who have been exposed to violence, supporting caregivers of traumatized young children, and designing and carrying out treatment plans. Following an introduction by Joy D. Osofsky, the following articles are offered: (1) "Evaluation of Posttraumatic Symptomatology in Infants and Young Children Exposed to Violence" (Charles H. Zeanah and Michael Scheeringa), which describes the range of symptoms and behaviors typically seen in these children; (2) "Developmental and Therapeutic Aspects of Treating Infants and Toddlers Who Have Witnessed Violence" (Theodore Gaensbauer), which uses a detailed case example to illustrate the evaluation and treatment process; (3) "Trauma Reverberates: Psychosocial Evaluation of the Caregiving Environment of Young Children Exposed to Violence and Traumatic Loss" (Marva L. Lewis), which offers a comprehensive approach to evaluating the child's environment; (4) "Children without Refuge: Young Witnesses to Domestic

Violence" (Betsy McAlister Groves), which addresses issues in the evaluation process such as the tension between the needs of children and adults; and (5) "When the Helper Is Hurting: Burnout and Countertransference Issues in Treatment of Children Exposed to Violence" (Joy D. Osofsky), which offers guidelines for training and supporting front-line clinicians and collaborating effectively with other community professionals. Descriptions of 10 related videotapes are also included. (Contains 62 references.) (DB)

Resources in Crisis Intervention: School, Family and Community Applications
By Jonathan Sandoval (ed.)
AN: ED353488
PY: 1991
AV: National Association of School Psychologists, 8455 Colesville Rd., Suite 1000, Silver Spring, MD 20910 ($26, Order #6009).
PR: EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DE: *Crisis-Intervention; *Psychological-Needs; *School-Role; *Student-Needs
DE: Elementary-School-Students; Elementary-Secondary-Education; School-Counseling; School-Psychologists; Secondary-School-Students
AB: Originally developed to respond to the Desert Storm/Persian Gulf War, this resource book provides information designed to help parents, teachers, and service providers to plan and implement a comprehensive response to meeting children's emotional needs during a crisis. Contributors are experts on different kinds of crises that school age children typically face. Papers included are: (1) "Crisis Counseling in the Schools" (Jonathan Sandoval); (2) "Crisis Counseling: Conceptualizations and General Principles" (Jonathan Sandoval); (3) "Best Practices in Crisis Intervention" (Valerie Smead); (4) "Best Practices in Crisis Intervention" (Scott Poland and Gayle Pitcher); (5) "Crisis Response Teams: A Must for All School Districts" (Al Neuhaus); (6) "Crisis Teams Can Minimize Traumatic Events" (from "Spotlight," Newsletter of the Los Angeles School District); (7) "Role of the School Psychologist in Confronting Crisis" (Stewart Ehly); (8) "Child Psychiatrists Describe Children's Reactions to Disaster" (summary of an article in the "Journal of the American Academy of Child Psychiatry"); (9) "Bereaved Children Speak" (Dorothy Vacca); (10) "Children and Anxiety" (Thomas Huberty); (11) "Children and Reactions to Death" (Charles Heath); (12) "Physical, Emotional and Behavioral Reactions to Crises" (B. Q. Haffen and B. Peterson); (13) "Reactions to Crises: Developmental Differences" (Scott Poland); (14) "Children and Responses to Desert Storm: Teacher Handout" (Debby Waddell and Alex Thomas); (15) "School's Response to Death, Suicide and Loss" (Peter Sheras); (16) "What to Say When Someone Dies" (Ann Mueller); (17) "Children in Crisis: Stress and Coping" (Stewart Ehly); (18) "Tips for Teachers in Dealing with Crises" (Scott Poland); (19) "Children's Response to Crisis: A Developmental Perspective" (Margaret Dawson); (20) "Responses to Children and Adolescents: Developmental Perspectives" (Scott Poland); (21) "Children and Responses to Desert Storm: A Parent Handout" (Debby Waddell and Alex Thomas); (22) "Parents' Responses to Children" (Scott Poland); (23) "Effects of Trauma Still a Part of Everyone's Life" (Betty Spicher); (24) "Effects Last Even When Sun Shines" (Jan Harlsom); (25) "Winnetka: One Year Later" (Harry Dillard); (26) "Early Intervention in a Disaster: The Cokeville Hostage/Bombing Crisis" (Nohl Sandall); (27) "Impressions of the Bay Area Quake" (Betty Spicher); (28) "Cross Cultural Issues in Responding to a Tragedy: The Stockton Schoolyard Shootings" (Mike Armstrong); and (29) "Disaster Team Works During Crisis" (Gary Aderman). (NB)

Working with Traumatized Children: A Handbook for Healing.
by Kathryn Brohl
AN: ED409503
CS: Child Welfare League of America, Inc., Washington, DC.
PY: 1996
ISBN: 0878686339
AV: Child Welfare League of America, 440 First St., N.W., Suite 310, Washington, DC 20001-2085.
PR: EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DE: *Child-Abuse; *Child-Advocacy; *Child-Welfare; *Counseling-Techniques; *Posttraumatic-Stress-Disorder; *Story-Telling
DE: Adolescents-; Children-; Elementary-Education; Elementary-School-Students; Emotional-Disturbances; Intervention-
ID: *Traumas-
AB: Child advocates are becoming increasingly alarmed by the severity of abuse and neglect aimed toward children. Practical suggestions for professionals or others who guide, work with, or treat traumatized children are offered in this handbook. Drawn in part from interviews, the information here serves as a reference and guide and should help counselors, social workers, psychologists, teachers, foster parents, and other child advocates to understand how traumatic experiences affect children and what caregivers can do to foster the healing process. It also explains relevant treatment issues by describing the stages to recovery from trauma, panic attack intervention, and metaphorical storytelling. Some of the major resilience traits exhibited by children are likewise discussed. Some of the specific topics addressed include trauma and its impact on society, recognizing posttraumatic stress disorder symptoms, the recovery process, healing interventions, and other helping strategies. The fact that many adults have also been traumatized as children is recognized and a chapter is devoted to this condition which presents the strengths and liabilities evident in caregivers who were traumatized as children. This chapter also offers suggestions for the self-care of child advocates. Citations and references for each chapter are included. (RJM)

When Grief Visits School: Organizing a Successful Response. A Resource for Administrators, Counselors, and Other Staff.
by John Dudley
AN: ED389977
PY: 1995
ISBN: 0932796710
AV: Educational Media Corporation, PO Box 21311, Minneapolis, MN 55421-031 ($14.95).
PR: EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DE: *Crisis-Intervention; *Grief-; *School-Counseling
DE: Counseling-Techniques; Counselor-Training; Intervention-; Resources-; Stres Variables; Suicide-
AB: Each week the equivalent of fifty 48-passenger bus loads of students do not return to school because they have died. Created to foster successful responses to crisis situations, this book serves as a step by step reference guide for school administrators, counselors, and other faculty. Techniques are presented for dealing with: (1) murders; (2) suicide; (3) accidents; (4) terminal illness; and (5) loss of personal safety due to school hostage situations, fire, or natural disaster. A sample crisis response manual as well as sample crisis events are provided in the document. Suggestions are provided for: (1) selecting a crisis response team; (2) developing an effective crisis plan; (3) dealing with the media; (4) organizing effective meetings under pressure; and (5) appropriate

follow up. Contains 27 references. (SR)

CIJE Search

Treatment Practices for Childhood Posttraumatic Stress Disorder
by Judith A. Cohen, Anthony P. Mannarino & Shari Rogal
AN: EJ623083
PY: 2001
SO: Child Abuse & Neglect: The International Journal; v25 n1 p123-35 Jan 2001
ISSN: 0145-2134
DE: *Emotional Disturbances; *Posttraumatic Stress Disorder; *Therapy
DE: Behavior Modification; Cognitive Restructuring; Drug Therapy; Psychiatrists; Psychologists; Psychotherapy; Therapists
AB: A survey concerning treatment of children with posttraumatic stress disorder was completed by 77 child psychiatrists and 82 nonmedical therapists. Medical responders reported most preferred treatments included pharmacotherapy, psychodynamic, and cognitive-behavioral therapy. Nonmedical respondents preferred cognitive-behavioral, family, and nondirective play therapy. (Contains references.) (DB)

Disaster's Aftermath: Rebuilding Schools Is One Thing—Rebuilding Children's Lives Is Quite Another
by Susan Black
AN: EJ627834
PY: 2001
SO: American School Board Journal; v188 n4 p52-54,56 Apr 2001
ISSN: 0003-0953
DE: *Crisis Management; *Natural Disasters; *Planning; *Emergency Programs; *Posttraumatic Stress Disorder; *Student Welfare
DE: Elementary Secondary Education; Floods; Hurricanes
ID: Florida (South); North Dakota
AB: Children who experience disasters such as Hurricane Andrew in southern Florida, are prone to severe and debilitating stress. Districts can prepare by designating a disaster management commander, a search-and-rescue team, and a reuniting team. Planning should include drills, recovery, and restoration elements. (Contains 10 references.) (MLH)

Finding Hope in Bosnia: Fostering Resilience through Group Process Intervention
by Muhyiddin Shakoor & Deborah L. Fister
AN: EJ619260
PY: 2000
SO: Journal-for-Specialists-in-Group-Work; v25 n3 p269-87 Sep 2000
ISSN: 0193-3922
DE: *Counseling-Techniques; *Group-Counseling; *Life-Events; *Resilience-Personality; *Stress-Variables
DE: Foreign-Countries; Models-
ID: *Bosnians-; *Traumas-
AB: Presents a group process approach for intervening with adults coping

with the impact of extraordinary and ongoing cumulative traumatic stress. Expands on historical frameworks for presenting a process-oriented and affective perspective. Article shows how group process intervention can be used to foster resilience in adults who experience exceptional trauma in their daily lives. (Contains 32 references.) (Author/GCP)

Childhood Trauma
by Tony Falasca & Thomas J. Caulfield
AN: EJ598701
PY: 1999
SO: Journal-of-Humanistic-Counseling,-Education-and-Development; v37 n4 p212-23 Jun 1999
DE: *Child-Abuse; *Counseling-Techniques; *Posttraumatic-Stress-Disorder; *Symptoms-Individual-Disorders; *Victims-of-Crime; *Young-Children
DE: Counselors-; Outcomes-of-Treatment; Stress-Management; Violence-
ID: *Traumas-
AB: Describes some classic causes of trauma and symptoms that can result when a child has been traumatized. Lists several factors that effect the degree to which a child is affected by trauma. Categories a wide range of behaviors displayed by the victims into three groups: affect, memories, and behaviors. Discusses various considerations when providing treatment to children who have been traumatized. (Author/JDM)

Helping Classrooms Cope with Traumatic Events.
by Stephen E. Brock
AN: EJ583220
PY: 1998
SO: Professional-School-Counseling; v2 n2 p110-16 Dec 1998
ISSN: 1096-2409
DE: *Crisis-Intervention; *Grief-; *School-Counseling
DE: Adjustment-to-Environment; Adolescents-; Children-; Death-; Elementary-Secondary-Education; Emotional-Problems; School-Counselors; Stress-Management
AB: An updated model for Classroom Crisis Intervention (CCI) including post-CCI activities is presented. CCI may be applied following various types of traumatic incident involvement and for the management of grief reactions. By promoting the idea that trauma responses are normal, CCI helps survivors regain optimism. (EMK)

Posttraumatic Child Therapy (P-TCT): Assessment and Treatment Factors in Clinical Work with Inner-City Children Exposed to Catastrophic Community Violence.
by Erwin-Randolph Parson
AN: EJ553511
PY: 1997
SO: Journal-of-Interpersonal-Violence; v12 n2 p172-94 Apr 1997
ISSN: 0886-2605
DE: *Counseling-Techniques; *Posttraumatic-Stress-Disorder; *Urban-Youth; *Violence-
DE: Emotional-Disturbances; Play-Therapy; Victims-of-Crime
ID: *Witnesses-to-Violence

AB: Discusses the psychological influence and adverse health effects of political terror and community violence on the minds and bodies of children. Claims that a posttraumatic assessment of these children is a critical dimension of clinical treatment. Proposes a treatment approach to alter the child's cognitive theories of self, trauma, and world. (RJM)

Counseling the Victims of Violence Who Develop Posttraumatic Stress Disorder.
by Duane Brown
AN: EJ538900
PY: 1996
SO: Elementary-School-Guidance-and-Counseling; v30 n3 p218-27 Feb 1996
ISSN: 0013-5976
DE: *Counseling-Techniques; *Posttraumatic-Stress-Disorder; *School-Counseling; *Student-Welfare; *Victims-of-Crime
DE: Child-Welfare; Crisis-Intervention; Elementary-Education; Elementary-School-Students; Student-Attitudes; Violence-
AB: Many children are the victims of violent acts in our society. Elementary school counselors can assist those students who have been so traumatized that they develop posttraumatic stress disorder. Counselors assist by using cognitive-behavioral strategies and by helping students develop strategies for dealing with safety issues. (Author)

What Would You Do? "My Friend is Dead."
by Timothy Eimer and others
AN: EJ536899
PY: 1996
SO: Learning-; v25 n3 p32-35 Nov-Dec 1996
ISSN: 0090-3167
DE: *Coping-; *Emotional-Response; *Grief-; *School-Counseling; *Student-Behavior
DE: Death-; High-School-Students; High-Schools; School-Psychologists; Secondary-School-Teachers; Stress-Management; Teacher-Student-Relationship
AB: This article examines the psychological needs of a high school student whose best friend was murdered. After describing how one teacher handled the situation, the article offers a school counselor's view and a school psychologist's view of how to handle such a situation. (SM)

EXEMPLARY GATEWAY WEBSITES FOR COUNSELORS & THERAPISTS

CYBERCOUNSELING
http://cybercounsel.uncg.edu

A site for innovative online demonstrations and discussion of cybercounseling and cyberlearning

ERIC/CASS VIRTUAL LIBRARIES
http://ericcass.uncg.edu/virtuallib/newlibhome.html

Full-text resources on critical issues in Counseling: Cultural Diversity, School Violence, Student Achievement, Conflict Resolution, Bullying in Schools, Depression & Suicide, Substance Abuse, Youth Gangs and Juvenile Boot Camps.

INTERNATIONAL CAREER DEVELOPMENT LIBRARY-ICDL
http://icdl.uncg.edu

An on-line collection of full-text Career Development resources "Where to go when you want to know"

ERIC COUNSELING & STUDENT SERVICES CLEARINGHOUSE
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ERIC Counseling & Student Services Clearinghouse

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Recommended Interventions from Professional Organizations

10 School Counselor Immediate Response Guide

American School Counselor Association

ASCA provides this guide to support professional school counselors during critical incidents. The practical suggestions listed are not meant to supplant existing school district policies and procedures.

During Incident

- Call in other counseling resources from school district and community.
- Set up safe room or emergency counseling center.
- Establish adequate and reliable communication system: cell phone, telephone, remote radio.
- Triage students for services needed: immediate crisis intervention, safe room discussion group, classroom intervention with trained person.
- Arrange parental contact and transportation for those who must be dismissed from the school setting.
- In case of violence, suicide or other death, call parents of students who were close to the victim and advise them to monitor their children.
- Document student contacts.

First 24 Hours After Incident

- Use buddy system (counselors or other trained emergency responders work in pairs).
- Assemble student support materials: drawing paper, tissue boxes, pens, crayons, lined paper, envelopes, name labels, markers.
- Record names of counseled students.
- Arrange stress debriefing for self and other responders.

First Three Days

- Contact parents.
- Contribute updates at staff meeting.
- Provide employee assistance program information for affected staff.
- Provide accurate information about funeral and memorial services.

First Week

- Take care of yourself: get adequate sleep, eat regularly and debrief with other emergency responders.
- At school, include clergy, pastoral counselors and funeral directors as support when appropriate.
- Provide copies of school newspaper articles and student-generated condolences to parents (screen for inappropriate messages).

Staff Assistance

- Be prepared to share grief information with staff.
- Advise staff of at-risk student behaviors.
- Advise staff how to cope with a room full of upset students.
- Advise staff how to access employee assistance program services.

Resources

American School Counselor Association, 800/306-4722
National Center for Post-Traumatic Stress Disorder, 802/296-5132
American Red Cross, 800/257-7575
American Psychological Association Disaster Response Network, 202/336-5898
The Compassionate Friend, 312/523-5010
Parents of Murdered Children, 515/721-5683
Youth Crisis Hot Line, 800/448-4663
National Runaway Hot Line, 800/621-4000
Family Violence Hot Line, 800/621-4673
National Association of Secondary School Principals
Crisis Management Institute
U.S. Department of Education
National Education Association
National Institute of Mental Health
American Academy of Child & Adolescent Psychiatry

11 Common Responses to Traumatic Events

Prepared by the Flagstaff Child and Family Counseling Center
Flagstaff, Arizona
American Counseling Association

Although trauma affects people differently, there are some common reactions that you may experience. These signs and symptoms may begin immediately, or you may feel fine for a couple of days or even weeks, then suddenly be hit with a reaction. The important thing to remember is that these reactions are quite normal; although you may feel some distress, you're probably experiencing a normal reaction to abnormal situation. Some common responses to traumatic events are listed below.

Physical reactions:

- Insomnia/nightmares
- Fatigue
- Hyperactivity or "nervous energy"
- Appetite changes
- Pain in the neck or back
- Headaches
- Heart palpitations or pains in the chest
- Dizzy spells

Emotional reactions:

- Flashbacks or "reliving" the event
- Excessive jumpiness or tendency to be startled
- Irritability
- Anger
- Feelings of anxiety or helplessness

Effect on productivity:

- Inability to concentrate increased incidence of errors
- Lapses of memory
- Increase in absenteeism
- Tendency to overwork

Usually, the signs and symptoms of trauma will lessen with time. If you are concerned about your reaction, note the specific symptoms that worry you. For each symptom, note the:

Duration. Normally, trauma reactions will grow less intense and disappear within a few weeks.

Intensity. If the reaction interferes with your ability to carry on your life normally, you may wish to seek help.

If you are concerned that your trauma response is too intense, or is lasting too long, please seek counseling. Your EAP, community mental health center, physician or priest, minister or rabbi may be able to refer you to a qualified counselor. Whether you choose to seek counseling or not, the following tips can help you keep your life in order while you experience the trauma response:

- Maintain as normal a schedule as possible, but don't overdo it. Cut out unnecessary "busyness" and don't take on new projects.
- Acknowledge that you'll be operating below normal level for a while.
- Structure your time even more carefully than usual. It's normal to forget things when you're under stress. Keep lists, and double-check any important work.
- Maintain control where you can. Make small decisions, even if you feel that it's unimportant or you don't care. It's important to maintain control in some areas of your life.
- Spend time with others, even though it may be difficult at first. It's easy to withdraw when you're hurt, but now you need the company of others.
- Give yourself time. You may feel better for a while, then have a "relapse." This is normal. Allow plenty of time to adjust to the new realities.

from the American Counseling Association (ACA)
http://www.counseling.org/tragedy/responses.htm

12 How Children And Adolescents React To Trauma

National Institute of Mental Health

Reactions to trauma may appear immediately after the traumatic event or days and even weeks later. Loss of trust in adults and fear of the event occurring again are responses seen in many children and adolescents who have been exposed to traumatic events. Other reactions vary according to age: (Footnotes 1-4)

For children 5 years of age and younger, typical reactions can include a fear of being separated from the parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions and excessive clinging. Parents may also notice children returning to behaviors exhibited at earlier ages (these are called regressive behaviors), such as thumb-sucking, bedwetting, and fear of darkness. Children in this age bracket tend to be strongly affected by the parents' reactions to the traumatic event.

Children 6 to 11 years old may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger and fighting are also common in traumatized children of this age. Also the child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt and emotional numbing or "flatness" are often present as well.

Adolescents 12 to 17 years old may exhibit responses similar to those of adults, including flashbacks, nightmares, emotional numbing, avoidance of any reminders of the traumatic event, depression, substance abuse, problems with peers, and anti-social behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. The adolescent

When violence or disaster affects a whole school or community, teachers and school administrators can play a major role in the healing process. Some of the things educators can do are:

- If possible, give yourself a bit of time to come to terms with the event before you attempt to reassure the children. This may not be possible in the case of a violent episode that occurs at school, but sometimes in a natural disaster there will be several days before schools reopen and teachers can take the time to prepare themselves emotionally.
- Don't try to rush back to ordinary school routines too soon. Give the children or adolescents time to talk over the traumatic event and express their feelings about it.
- Respect the preferences of children who do not want to participate in class discussions about the traumatic event. Do not force discussion or repeatedly bring up the catastrophic event; doing so may re-traumatize children.
- Hold in-school sessions with entire classes, with smaller groups of students, or with individual students. These sessions can be very useful in letting students know that their fears and concerns are normal reactions. Many counties and school districts have teams that will go into schools to hold such sessions after a disaster or episode of violence. Involve mental health professionals in these activities if possible.
- Offer art and play therapy for young children in school.
- Be sensitive to cultural differences among the children. In some cultures, for example, it is not acceptable to express negative emotions. Also, the child who is reluctant to make eye contact with a teacher may not be depressed, but may simply be exhibiting behavior appropriate to his or her culture.
- Encourage children to develop coping and problem-solving skills and age-appropriate methods for managing anxiety.
- Hold meetings for parents to discuss the traumatic event, their children's response to it, and how they and you can help. Involve mental health professionals in these meetings if possible.

Reprinted from National Institute of Mental Health (NIMH)

may feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery from the trauma.

Some youngsters are more vulnerable to trauma than others, for reasons scientists don't fully understand. It has been shown that the impact of a traumatic event is likely to be greatest in the child or adolescent who previously has been the victim of child abuse or some other form of trauma, or who already had a mental health problem. (Footnotes 5-8) And the youngster who lacks family support is more at risk for a poor recovery.(Footnote 9)

1. Osofsky JD. The effects of exposure to violence on young children. American Psychologist, 1995; 50(9): 782-8.

2. Pynoos RS, Steinberg AM, Goenjian AK. Traumatic stress in childhood and adolescence: recent developments and current controversies. In: Van der Kolk BA, McFarlane AC, Weisaeth L, eds. Traumatic stress: the effects of overwhelming experience on mind, body, and society. New York: Guilford Press, 1996; 331-58.

3. Marans S, Adelman A. Experiencing violence in a developmental context. In: Osofsky JD, et al., eds. Children in a violent society. New York: Guilford Press, 1997; 202-22.

4. Vogel JM, Vernberg EM. Psychological responses of children to natural and human-made disasters: I. Children's psychological responses to disasters. Journal of Clinical Child Psychology, 1993; 22(4): 464-84.

5. Garbarino J, Kostelny K, Dubrow N. What children can tell us about living in danger. American Psychologist, 1991; 46(4): 376-83.

6. Duncan RD, Saunders BE, Kilpatrick DG, Hanson RF, Resnick HS. Childhood physical assault as a risk factor for PTSD, depression, and substance abuse: findings from a national survey. American Journal of Orthopsychiatry, 1996; 66(3): 437-48.

7. Boney-McCoy S, Finkelhor D. Prior victimization: a risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth. Child Abuse and Neglect, 1995; 19(12): 1401-21.

8. Roth SH, Newman E, Pelcovitz D, Van der Kolk BA, Mandel FS. Complex PTSD in victims exposed to sexual and physical abuse: results from the DSM-IV Field Trial for Posttraumatic Stress Disorder. Journal of Traumatic Stress, 1997; 10(4): 539-55.

9. Morrison JA. Protective factors associated with children's emotional responses to chronic community violence exposure. Trauma, Violence, and Abuse: A Review Journal, 2000; 1(4); 299-320.

Reprinted from National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov/publicat/violence.cfm

13 Helping Children Cope with Loss, Death and Grief: Response to a National Tragedy

Nationl Association Of School Psychologists

The security and safety that was a hallmark of our American society was shattered by the events of September 11th. Never before in our nation's history have so many lives been lost in a single day. Communities are impacted by multiple losses that stretch their capacities to cope. It is difficult to predict how students, adults and schools will be able to deal with the harsh realities of life in the coming weeks, months and years. Children who have experienced the loss of one or both parents, siblings, other relatives, friends, or neighbors are now suffering from profound grief. How can caring adults help these children deal with loss of this magnitude? How can we begin to understand and respond to the depths of their suffering? One thing we do know is that this will be an extremely difficult and painful task. Children and adolescents will need all the support they can get and they will require a long time to recover. Life may not be the same for anyone in this country, but those youngsters who have sustained personal losses may require significant assistance from trained, caring adults.

Children and adolescents will need all the support they can get and they will require a long time to recover.

Expressions of Grief

Talking to children about death must be geared to their developmental level and their capacity to understand the related facts of the situation. Children will be aware of the reactions of significant adults as they interpret and react to information about death and tragedy. The range of reactions that children display in response to the death of significant others may include:

- **Emotional shock** and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment;
- **Regressive (immature) behaviors**, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent's bed or an apparent difficulty completing tasks well within the child's ability level;
- **Explosive emotions and acting out behavior** that reflect the child's internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control;
- **Asking the same questions over and over**, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event.

Helping Children Cope

The following tips will help teachers and parents support children who have experienced the loss of parents or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

- **Allow children to be the teachers about their grief experiences:** Give children the opportunity to tell their story and be a good listener.

- **Don't assume that every child in a certain age group understands death in the same way or with the same feelings:** All children are different and their view of the world is unique and shaped by different experiences. (Developmental information is provided below.)

- **Grieving is a process, not an event:** Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume "normal" activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.

- **Don't lie or tell half-truths to children about the tragic event:** Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life's future tragedies or losses.

- **Help all children, regardless of age, to understand loss and death:** Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.

- **Encourage children to ask questions about loss and death:** Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.

- **Don't assume that children always grieve in an orderly or predictable way:** We all grieve in different ways and there is no one "correct" way for people to move through the grieving process.

- **Let children know that you really want to understand what they are feeling or what they need:** Sometimes children are upset but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.

- **Children will need long-lasting support:** The more losses the child or adolescent suffered, the more difficult it will be to recover. This is especially true if they lost a parent who was their major source of support. Try to develop multiple supports for children who suffered significant losses.

According to the National Center for Post-Traumatic Stress Disorder of the Department of Veterans Affairs, workers in charge of a disaster scene should:

- Find ways to protect children from further harm and from further exposure to traumatic stimuli. If possible, create a safe haven for them. Protect children from onlookers and the media covering the story.
- When possible, direct children who are able to walk away from the site of violence or destruction, away from severely injured survivors, and away from continuing danger. Kind but firm direction is needed.
- Identify children in acute distress and stay with them until initial stabilization occurs. Acute distress includes panic (marked by trembling, agitation, rambling speech, becoming mute, or erratic behavior) and intense grief (signs include loud crying, rage, or immobility).
- Use a supportive and compassionate verbal or non-verbal exchange (such as a hug, if appropriate) with the child to help him or her feel safe. However brief the exchange, or however temporary, such reassurances are important to children.

Reprinted from National Institute of Mental Health (NIMH)

- **Keep in mind that grief work is hard:** It is hard work for adults and hard for children as well.

- **Understand that grief work is complicated:** When death results from a terrorist act, this brings forth many issues that are difficult, if not impossible, to comprehend. Grieving will also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: Perpetrators may still be at large and our nation is at war. The sudden nature of death and the fact that many individuals were considered missing rather than dead further complicates the grieving process.

- Be aware of your own need to grieve: Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counseling, as well as individual sources of support.

Developmental Phases in Understanding Death

It is important to recognize that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

- **Infants and Toddlers:** The youngest children may perceive that adults are sad, but have no real understanding of the meaning or significance of death.

- **Preschoolers:** Young children may deny death as a formal event and may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death. As a result of the World Trade Center disaster, some children may imagine that going into tall buildings may cause someone's death.

- **Early Elementary School:** Children at this age (approximately 5-9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that, if large planes crash into buildings, people in the planes and buildings will be killed. However, they may over-generalize, particularly at ages 5-6 - if jet planes don't fly, then people don't die. At this age, death is perceived as something that happens to others, not to oneself or one's family.

- **Middle School:** Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news but are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviors as a means of coping with their anger, vengeance and despair.

- **High School:** Most teens will fully grasp the meaning of death in circumstances such as the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behavior and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.

Tips for Children and Teens with Grieving Friends and Classmates

Many children and teens have been indirectly impacted by the terrorists' attacks. They have learned of the deaths of people close to their friends and classmates - parents, siblings, other relatives and neighbors. Particularly in areas near the World Trade Center or Pentagon, it is not unusual to find several children in a given classroom who lost a family member - or even multiple family members. Additionally, all over the country, children have been impacted by the death of a family member at either the attack site or on board one of the four hijacked planes. Seeing their friends try to cope with such loss may scare or upset children who have had little or no experience with death and grieving. Some suggestions teachers and parents can provide to children and youth to deal with this "secondary" loss:

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under "helping children cope."
- Seeing their classmates' reactions to loss may bring about some fears of losing their own parents or siblings. Children need reassurance from caretakers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
- Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., "Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route...") and what to expect (see "expressions of grief" above).
- Help children anticipate some changes in friends' behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.
- Explain to children that their "regular" friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support - it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.

- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.
- Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Resources for Grieving and Traumatized Children

At times of severe stress, such as the trauma of the terrorist attacks on our country, both children and adults need extra support. Children closest to this tragedy may very well experience the most dramatic feelings of fear, anxiety and loss. They may have personally lost a loved one or know of friends and schoolmates who have been devastated by these treacherous acts. Adults need to carefully observe these children for signs of traumatic stress, depression or even suicidal thinking, and seek professional help when necessary.

Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologist's website - www.nasponline.org. See also:

For Caregivers:

Deaton, R.L. & Berkan, W.A. (1995). Planning and managing death issues in the schools: A handbook. Westport, CT: Greenwood Publishing Group.

Mister Rogers Website: www.misterrogers.org (see booklet on Grieving for children 4-10 years)

Webb, N.B. (1993). Helping bereaved children: A handbook for practitioners. New York: Guilford Press.

Wolfelt, A. (1983). Helping children cope with grief. Bristol, PA: Accelerated Development.

Wolfelt, A (1997). Healing the bereaved child: Grief gardening, growth through grief and other touchstones for caregivers. Ft. Collins, CO: Companion.

Worden, J.W. (1996). Children and grief: When a parent dies. New York: Guilford Press

For Children:

Gootman, M.E. (1994). When a friend dies: A book for teens about grieving and healing. Minneapolis: Free Spirit Publishing.

Greenlee, S. (1992). When someone dies. Atlanta: Peachtree Publishing. (Ages 9-12).

Wolfelt, A.(2001). Healing your grieving heart for kids. Ft. Collins, CO: Companion. (See also similar titles for teens and adults)

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14 Coping Strategies for Children and Young Adults

American School Counselor Association

A. Rebuild and reaffirm attachments and relationships. Love and care in the family is a primary need. Extra time should be spent with children to let them know that someone will take care of them and, if parents are survivors, that their parents have reassumed their former roles as protector and nurturer. Physical closeness is needed.

B. It is important to talk to children about the tragedy — to address the irrationality and suddenness of disaster. Children need to be allowed to discuss their feelings, as do adults, and they have a similar need to have those feelings validated. Reenactments and play about the catastrophe should be encouraged. It may be useful to provide them with special time to paint, draw or write about the event. Adults or older children may help preschool children reenact the event since preschool children may not be able to imagine alternative endings to the disaster and hence may feel particularly helpless.

C. Parents should be prepared to tolerate regressive behaviors and accept the manifestation of aggression and anger, especially in the early phases after the tragedy.

D. Parents should be prepared for children to talk sporadically about the event — spending small segments of time concentrating on particular aspects of the tragedy.

E. Children want as much factual information as possible and should be allowed to discuss their own theories about what happened in order for them to begin to master the trauma or to reassert control over their environment.

F. Since children are often reluctant to initiate conversations about trauma, it may be helpful to ask them what they think other children felt or thought about the event.

G. Reaffirming the future and talking in hopeful terms about future events can help children rebuild trust and faith in their own future and the world. Often parental despair interferes with a child's ability to recover.

H. Issues of death should be addressed concretely.

(Harlandale Independent School District Crisis and Emergency Reference Manual)

15 Trauma and Children
A Parent Handout for Helping Children Heal

by Philip J. Lazarus, Ph.D.
Florida International University

Background

Every parent at one time has worried about harm befalling their children. When trauma to children occurs, the territory of everyday life becomes frightening and unfamiliar not only for children but parents as well. Parents may find themselves overcome with anxiety and fear. Trauma may send a shockwave to the system and parents may respond with a wide range of feelings. These feelings may include a sense of disbelief, helplessness, isolation, despair, or horror. Parents may try to make sense out of a senseless act. Who can prepare for their children being physically or sexually assaulted, kidnapped, mugged, robbed or involved in a severe automobile accident? Who can prepare for children being diagnosed with a life threatening illness or experiencing a natural or man-made disaster?

Trauma may send a shockwave to the system and parents may respond with a wide range of feelings

Traumas typically occur suddenly, often leaving children little or no time to prepare physically or emotionally. Traumas are unpredictable and outside what is to be expected in children's lives. During a trauma, children experience intense fear, horror or helplessness. Typical methods of coping no longer work. Following trauma, children require extra support and need to learn new coping strategies.

Parents can be instrumental in their children's recovery. Therefore, helping children recover from a trauma is a family matter. Parents need to take the lead and model positive coping. Yet parents themselves may require extra information, support and resources to assist their children. Some first steps that parents can take are to understand the impact and symptoms of trauma and how to help in the aftermath. This handout provides this information.

The Impact of Trauma

Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality makeup, their characteristic coping style and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. A constructive way to view the situation is that they are normal children in an abnormal circumstance.

It is natural for children to first experience some sort of denial For example, children may insist upon returning to a house that has been destroyed. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also children may begin to regress emotionally or act younger than their chronological age. They also may become more clinging, unhappy and needy of parental attention and comfort. Feelings of irritability,

anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches or sweating are not unusual. Some loss of interest in school and poor concentration are some other common reactions.

Symptoms Associated with Post Traumatic Stress Disorder

Following a trauma, children may experience some of the symptoms of Post Traumatic Stress Disorder (PTSD). The main symptoms are as follows:

Re-experiencing of the trauma during play or dreams. For example, children may:

- Repeatedly act out what happened when playing with toys
- Have many distressing dreams about the trauma
- Be distressed when exposed to events that resemble the trauma or at the anniversary of the trauma event
- Act or feel as if the trauma is happening again

Avoidance of reminders of the trauma and general numbness to all emotional topics. For example, children may:

- Avoid all activities that remind them of the trauma
- Withdraw from other people
- Have difficulty feeling positive emotions

Increased "arousal" symptoms. For example, children may:

- Have difficulty failing or staying asleep
- Be irritable or quick to anger
- Have difficulty concentrating
- Startle more easily

What Can I Do as a Parent Following a Trauma?

- **Establish a sense of safety and security.** It is essential that children feel protected, safe anti secure in the aftermath of a trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them. Children will need a lot of comforting and reassurance.
- **Listen actively to your children.** Seek first to understand before trying to be understood. Parents may underestimate the extent of the trauma experienced by their children. It is often not as important what you say, but that you listen with empathy and patience. In some instances your children may be reluctant to initiate conversations about trauma. If so, it may be helpful to ask them what they think other children felt or thought about the event. Also, it may be easier for children to tell what happened (e.g., what they saw, heard, smelled, physically felt) before they can discuss their feelings about the trauma. In other instances, children will want to tell their parents the story of the trauma over and over. Retelling is part of the healing process. Children need to tell their stories and have their parents listen, again and again to each and every agonizing detail.
- **Help your children express all their emotions.** It is important to talk to your children about the tragedy - to address the suddenness and irrationality of the disaster. Reenactment and play about the trauma should be encouraged. It is helpful to ensure that children have time to paint, draw or

write about the event. Provide toys that may enable children to work through the trauma. Examples may include such items as a toy fire engine, ambulances, fire extinguisher, doctor kit, etc. for a girl injured in a fire. Imagining alternate endings to the disaster may help empower your children and allow them to feel less helpless in the aftermath of a tragedy.

- **Validate your children's feelings.** Help children understand that following a trauma all feelings are acceptable. Children will probably experience a myriad of feelings which could include shame, rage, anger, sadness, guilt, pain, isolation, loneliness and fear. Help your children understand that what they are experiencing is normal and to be expected.
- **Allow your children the opportunity to regress as necessary.** This is important so that they may "emotionally regroup." For example, your children may request to sleep in your bed with the lights on or you may need to drive your children to school. Previously developed skills may seem to disappear or deteriorate. Bedwetting or thumb sucking may occur. Aggression and anger may emerge in a previously non-aggressive child. Be patient and tolerant and never ridicule. Remember that most regression following a trauma is temporary.
- **Help children clear up misconceptions.** Help correct misunderstandings regarding the cause or nature of the trauma, especially those that relate to inappropriate guilt, shame, embarrassment or fear. (Examples may be " I should have been able to save my brother from the car wreck." "God struck my sister dead because God was angry at her." "My father died of cancer and I will catch it from him.")
- **Educate yourself about trauma and crisis.** The more you know about trauma, the more empowered you may feel. To help educate yourself, consider setting up a conference with the school psychologist or mental health professional in your school. A good place to start is by reading the text listed below under "Resource for Parents.
- **Help predict and prepare.** If your children need to go to a funeral or deal with surgery, carefully explain what will happen each step of the way. Allow your children to ask all kinds of questions. If they need to appear in court, explain what they will see, hear, do, etc.
- **Arrange support for yourself and your family as necessary.** Consult with your clergy, rabbi, physician and friends as necessary. You may need extra emotional, religious, medical and/or psychological support. If possible take appropriate time for recreational or pleasurable experiences with your children to establish a sense of normalcy and continuity.
- **Communicate with the school and staff about what**

After violence or a disaster occurs, the family is the first-line resource for helping. Among the things that parents and other caring adults can do are:

- Explain the episode of violence or disaster as well as you are able.
- Encourage the children to express their feelings and listen without passing judgment. Help younger children learn to use words that express their feelings. However, do not force discussion of the traumatic event.
- Let children and adolescents know that it is normal to feel upset after something bad happens.
- Allow time for the youngsters to experience and talk about their feelings. At home, however, a gradual return to routine can be reassuring to the child.
- If your children are fearful, reassure them that you love them and will take care of them. Stay together as a family as much as possible.
- If behavior at bedtime is a problem, give the child extra time and reassurance. Let him or her sleep with a light on or in your room for a limited time if necessary.
- Reassure children and adolescents that the traumatic event was not their fault.
- Do not criticize regressive behavior or shame the child with words like "babyish."
- Allow children to cry or be sad. Don't expect them to be brave or tough.
- Encourage children and adolescents to feel in control. Let them make some decisions about meals, what to wear, etc.
- Take care of yourself so you can take care of the children.

Reprinted from National Institute of Mental Health (NIMH)

occurred. Most teachers will be understanding and helpful if they know that children had a traumatic experience. Teachers may be able to provide additional support both educationally and emotionally. They can also provide information to doctors or therapists or alert you to troublesome behaviors they observe.

- **Affirm that your children are capable of coping and healing in the aftermath of a trauma.** Plant "emotional seeds" that express confidence in your children's ability to heal. Remember the messages that you give your children have incredible power.
- **Seek professional assistance for your children and family as necessary.** When seeking help, make sure the professional has experience with children and has treated crisis and trauma. Feel free to discuss with the therapist all your concerns and all aspects of treatment. If your children are experiencing the symptoms of PTSD, then therapy may be warranted.

What Can I Say as a Parent Following a Trauma?

As part of the therapy experience, children will be guided to reprocess the trauma in a safe and supportive environment

- Sometimes knowing exactly what to say is difficult. However, your emotional expression of love and concern is more important than words. Just saying "This is very hard for us" can lead to emotional relief and understanding.
- Always be honest with your children about what has happened and what may occur. Remember that following a trauma, children may lose a sense of trust about the safety and security of the world. Therefore, honesty is essential so your children can maintain a sense of trust.
- Respect your children's fears. Children cannot be helped by trying to argue them out of their fears by appeals to bravery or reason. What is most helpful is an approach that says "I know you are feeling frightened of - - - - - now." This can be followed by an offer of assistance and support by saying, "Let's see what we can do to make this less scary for you."
- Make sure that your children know that you are aware of the seriousness of the situation. Allow your children to cry. Saying to your children "Don't cry, everything will be fine" denies the seriousness of the situation.
- Try to recognize your children's feelings and put them into words. For example, if a child's close friend died in an automobile accident, you might say to your child "You are sad and angry that your friend was killed. I know that you must miss him very much." Or if a child feels overwhelmed by fears in the aftermath of a hurricane, you may say, "I know that you are frightened, but we have a plan to protect us if another hurricane occurs."

What Should I Do if I Believe My Child May be Suffering from PTSD?

Consult with your local school psychologist or contact a mental health professional who has experience in this area such as a psychiatrist, psychologist or mental health counselor. Your school psychologist or pediatrician may direct you to the appropriate resources.

What Type of Therapy is Recommended for Traumatized Children?

A variety of methods may be used depending on the orientation of a particular therapist. Very different approaches to the same problem can be equally effective when undertaken by an insightful and skilled professional. Approaches may include individual, group or family therapy. Therapists often use play, art and drama methods in their treatment as well as "cognitive-behavioral" approaches, which help children reinterpret events and feelings in a more positive way, or in some cases they might use clinical hypnosis. As part of the therapy experience, children will be guided to reprocess the trauma in a safe and supportive environment. In some instances medication may be used to control severe anxiety, depression or sleeplessness. However, medication should not be used as a substitute for psychotherapy for traumatized children.

If I Seek Therapeutic Services for My Children, What Will be the Goals of Therapy?

The goals of therapy with traumatized children should include:

- Gaining a sense of mastery and control over one's life
- The safe expression and release of feelings
- Relief of painful symptoms and post traumatic behaviors
- Minimizing the scars of trauma
- Corrections of any misunderstandings and self-blame
- Restoration of hope regarding the future
- Establishing a renewed sense of trust in oneself and the world
- Developing perspective and distance regarding the trauma

Summary

Helping children recover from trauma is a family matter. It is important to maintain an open discussion of the trauma and recognize the feelings of all family members. Focus on the immediate needs of the children and take a one-day-at-a-time approach. Find and use support systems outside of the family. Always maintain a positive image of your children as healers and survivors.

Resources for Parents

Brooks, B. & Siegel, P. (1996). The Scared Child: Helping Kids Overcome Traumatic Events. New York: John Wiley.

Monahon, C. (1997). Children and trauma: A parent's guide to helping children heal. San Francisco: Jossey-Bass.

National Association of School Psychologists: http://www.nasponline.org

National Center for PTSD: http://www.ncptsd.org/facts/specific/fs_children.html

Reprinted from Helping Children at Home and School: Handouts from your School Psychologist (NASP, 1998)

16 Steps to Take in Facing A Tragic Event: Helping Adults

American Counseling Association

Experiencing a strong emotional reaction to a tragic event such as what has happened in New York and Washington is a normal and expected. Acknowledge your feelings — whether they be sadness, anger, frustration or simply feeling empty. Acknowledging, however, does not mean acting on those feelings in an irrational manner. Feeling anger at an event should not be translated into hate and anger for everyone from a country or religion or part of the world.

If you find your feelings are interfering with your normal life, or if you find yourself experiencing a wide range of psychological and physical symptoms (sleeplessness, lack of concentration, mood swings, behavior changes), it is time to seek professional help. Make an appointment with a professional counselor, your physician, or a member of the clergy; these trained professionals can help you express and understand your own fears and emotions, and can help you find ways to cope with those things your are feeling.

Don't just give in to and wallow in the emotions you are experiencing in reaction to a terrible event such has occurred. Find ways to relieve the stress. Physical exercise can help a great deal. Make time to take a walk, to run, swim or bicycle, or just to get to that gardening or other chores around the house that you've been putting off.

Moderate the amount of time spent in front of the television set or radio. Constant attention to the media can heighten anxiety unnecessarily and keep you away from important exercise and family activities. While it is fine to keep informed, make a special effort to get to other activities that will take your mind off the tragic event.

Reach out to your neighbors, friends, colleagues, and extended family members. In times of tragedy and fear, it is reassuring to remind ourselves that we are not alone in the world. Talking to others and listening to their own expressions of the emotions they are experiencing can be comforting while also providing an outlet for both you and them to express what is being felt. And, if things feel as if they are overwhelming you, turn to your friends and family for help. The emotional support they can offer can be extremely helpful, and you will often find that the support you can give back will not only make them feel better, but do a great deal for you as well.

Remember to keep joy and laughter in your life- play is essential for both children and adults.

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17 Useful Additional Resources

A Fragile Existence Recognizing and Addressing Grief Depression and Trauma in Children & Teens, *ASCA School Counselor*, November/December, 2001, Volume 39, No.2.

The focus of this issue of the ASCA School Counselor is on the recognition and response to grief, depression and trauma in children and teens. Three excellent articles deal with *Depression...or just the Blues, A Grieving Child,* and *Seeing the Unseen*. Useful references and checklists are also provided.

Facing Fear with Narrative–Sally Gelardin

In this compelling paper, Sally Gelardin shares how storytelling, poetry and art have helped her, her own children and other children to facer fears that are omnipresent in today's world. An excellent bibliography for helping children, adolescents, and parents cope with terrorism and fear is also provided. Available on the ERIC/CASS Tragedy & Grief website.

Stay up-dated on the issue of helping people cope with tragedy and grief by visiting the

Helping People to Cope with Trauma, Grief and Stress Virtual Library

http://ericcass.uncg.edu/virtuallib/stressbook.html

The ERIC/CASS Virtual Library on Helping People to Cope with Trauma, Grief and Stress will provide full-text resources for assistance after traumatic events such as school violence, terrorist attacks, or the death of a friend or family member. The Trauma and Stress Library will also feature special information related to counselors' response to the events of September 11, 2001.

Visit the Trauma, Grief and Stress Library

- **Children**
- **Adolescents**
- **Adults**
- **Counselors**
- **Teachers**
- **Parents**

http://ericcass.uncg.edu/virtuallib/stressbook.html

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